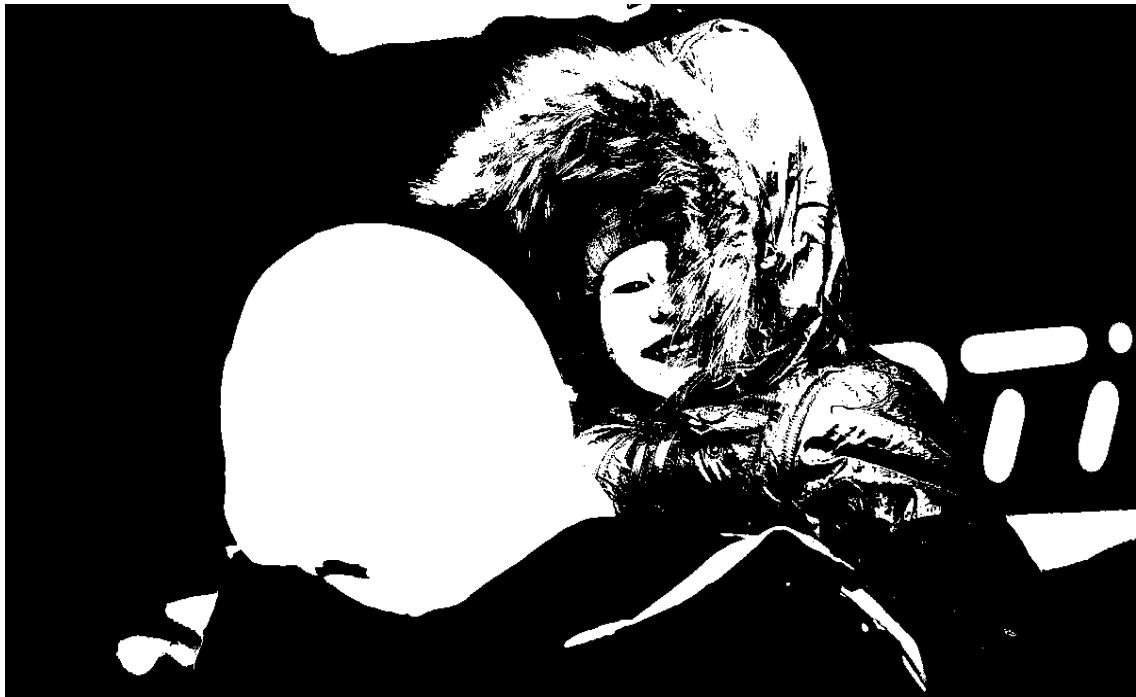


# ISSOP e-Bulletin N°56

## March 2022



**PLEASE,  
STOP  
THE WAR  
NOW!!**

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### 1. Introduction

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Dear ISSOP Community,

This spring e-bulletin comes at a time when we should be celebrating new life in the world as well as the new energy that comes with spring (at least in the Western world).

But instead, we are once again thrust back into a barbaric era that we have not faced in central Europe since the Second World War – though of course other parts of the world including the Balkans, Iraq, Afghanistan, Yemen, Syria and Palestine have faced similar premeditated bombing of residential areas with huge loss of life, livelihood and family wellbeing.

We strongly support the Ukrainian people at this terrible time of invasion and in particular we show solidarity to the Ukrainian health professionals who are bearing the brunt of the calamity as it affects the population. We also stand with our colleagues in the Russian child health community who had no part in the government decision to go to war.

ISSOP has developed a statement and a petition which seeks the protection of children during conflict and there is more on the statement below. The link to the petition is [here](#) and we urge you to sign this and demonstrate the need to protect children at all times.

**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

How many more times in our lifetimes must we bear witness to genocide—as is now occurring in Ukraine. The words, “Never again,” ring hollow...and our feelings of impotence are magnified with each crisis. In a series of Statements and member publications, ISSOP has established a framework to respond—it is critically important that we review and use these statements to guide our efforts.

- Protect and Mitigate Harm to Children Impacted by Armed Conflict  
<file:///C:/Users/jlgold/Downloads/UPDATED-ISSOP-ISPCAN-PETITION.pdf>
- Statement on forced separation of children from parents  
[file:///C:/Users/jlgold/Downloads/ISSOP\\_Separation\\_Statement.pdf](file:///C:/Users/jlgold/Downloads/ISSOP_Separation_Statement.pdf)
- Prohibition of Harm to Children in Armed Conflict  
[file:///C:/Users/jlgold/Downloads/Beirut-Declaration-on-Prohibition-of-Harm-to-Children-in-Armed-Conflict%20\(2\).pdf](file:///C:/Users/jlgold/Downloads/Beirut-Declaration-on-Prohibition-of-Harm-to-Children-in-Armed-Conflict%20(2).pdf)
- Violence against children of the world: Burden, consequences and recommendations for action  
[file:///C:/Users/jlgold/Downloads/ISSOP-position-statement-9-Violence-against-Children-of-the-World%20\(1\).pdf](file:///C:/Users/jlgold/Downloads/ISSOP-position-statement-9-Violence-against-Children-of-the-World%20(1).pdf)
- Budapest Declaration On the Rights, Health and Well-being of Children and Youth on the Move  
[file:///C:/Users/jlgold/Downloads/Budapest-Declaration-On-the-Rights-Health-and-Well-being-of-Children-and-Youth-on-the-Move%20\(2\).pdf](file:///C:/Users/jlgold/Downloads/Budapest-Declaration-On-the-Rights-Health-and-Well-being-of-Children-and-Youth-on-the-Move%20(2).pdf)
- ISSOP Position Statement on Migrant Child Health  
<file:///C:/Users/jlgold/Downloads/ISSOP-position-statement-8-migrant-child-health.pdf>
- Effects of Armed Conflict on Children (AAP Policy Statement and Technical Report)  
<https://publications.aap.org/pediatrics/article/142/6/e20182586/37464/The-Effects-of-Armed-Conflict-on-Children>  
<https://publications.aap.org/pediatrics/article/142/6/e20182585/37469/The-Effects-of-Armed-Conflict-on-Children>

But, these Statements take us only so far. What the world needs now is a definitive agreement on the rights of children to be protected from war, armed conflict, and genocide. Whether this is established as an Optional Protocol to the CRC or as a new Convention—the unique needs and rights of children demand immediate action to protect them. Regardless of the form it takes, it needs to be recognized globally and have legal force.

In the meantime, as detailed in the recent ISSOP petition, a UN Humanitarian Response on Child Casualties in Armed Conflicts needs to be established, immediately. Elements of this response must include, but not be limited to:

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- Data reporting. Accurate and systematic reporting on child casualties and deaths due to war or armed conflicts must be maintained over time.
- Acute and chronic health care for children injured in combat zones. The specialized care of children injured in armed conflicts is the responsibility of the UN and all states engaged directly or indirectly in the conflicts.
- Best interests. Disputes should always be resolved diplomatically. The best interests of children should be included in all dialog and discussions, and specified in all agreements.
- Governance. Governments should enforce and enhance laws that ensure civilian harm mitigation provisions in armed conflicts.

The world cannot continue to tolerate genocide and violence against children in armed conflicts. No professionals bear witness to their impact more so than pediatricians and child health professionals. We must act now.

Jeff



Protecting Children in Armed Conflict Infographic by Charles (Chuck) Oberg

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### 1.2 Special message from the heart, by Colleen Kraft

On February 27 of this year I experienced every parent's nightmare—the death of my child. My son, Tim, was a talented artist with a kind heart and a sharp sense of humor that could make everyone in the room laugh. He also suffered from mental illness exacerbated by head trauma. Our journey through treatment included access to state-of-the-art therapy through a clinical trial. Tim's illness improved through targeted, intense treatment, but once the trial was over he could not continue to receive the services he needed. His condition deteriorated and we lost him.

As pediatricians, we are confronting one of the defining issues of our time, the mental health crisis in children. Mental illness is a global epidemic, yet often concerns are not identified due to the stigma of a mental health diagnosis. Other barriers to care include poverty, trauma, violent living conditions, and loss of parents or important adults in the life of a child. The prevalence and severity of mental illness is getting worse; we are losing lives and global productivity to this condition.

As pediatricians, we also have the opportunity through our voices and actions to support our children and families. We know that adverse childhood experiences can create an unhealthy trajectory for our children; how we work in our local communities and regional/national governments to advocate for what children need to thrive matters. Learning about effective prevention and treatment options while building local coalitions to provide equitable access to these resources is important. Globally, we can start by telling our families that they didn't cause their child's condition, and that there is hope for their child to thrive.

This ISSOP newsletter will touch on many areas that are important for our advocacy and knowledge to face this epidemic. The universal themes of delivering what children need for a safe childhood, a bright future and a fair chance define the tasks that stand before us and the road that lies ahead....

**Colleen Kraft**

*Our thoughts and strong feelings of support are with our dear friend and colleague Colleen at this very difficult time.*

***The Editors.***

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### 2. Meetings and news

#### 2.1 National Congress of Nutrition in Early Childhood (Colombia)



Organiza:



Activar Windows

The Presidential Council for Children and Adolescents, within the framework of the Great Alliance for Nutrition, in alliance with the Ministry of Health and Social Protection of Colombia, Éxito Foundation, the International Society for Social Pediatrics and Child Health (ISSOP) and the University of los Andes invite national and international students and researchers to participate in the call for the research contest of the III International Conference on Breastfeeding, Nutritional Health: Beyond biological determinants, which will take place from 24 to May 26, 2022 in Bogota - Colombia. More information in:

<https://live.eventtia.com/es/tercer-congreso-internacional-lactancia-materna>

#### 2.2. 19<sup>th</sup> Convention of Pediatricians of Russia - 2<sup>nd</sup> Conference of social paediatrics

The 19th Convention of pediatricians of Russia which took place on 5-7 March 2022 was convened in a hybrid format, that means offline and online participation. More than 2000 delegates were able to communicate live at the site, dispersed in various halls, and almost 10.000 connected online. Every year, under the auspices of the NGO Union of Pediatricians of Russia, congresses of Russian pediatricians are held, and once every five years - conventions. For me and my colleagues the central event of the Convention was the 2nd conference of social paediatrics with 14 symposiums (90 minutes for each symposium). Every year we discussed social issues of children's health during the paediatricians' congresses. However I think it is important to indicate and combine all these issues under "social paediatrics" concept.

One of the important parts of the 2nd Social Paediatrics conference was dedicated to children's mental health. We have discussed most important topics: children's suicides in Russia before, during and after pandemic; eating disorders, mental disability, autism, etc.

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 <p>СОЮЗ ПЕДИАТРОВ РОССИИ</p> <p><b>РОССИЙСКИЙ ПЕДИАТРИЧЕСКИЙ ЖУРНАЛ</b></p> <p>ОСНОВАН В 1919 г.</p> <p>— Том 2 · № 4S · 2021 —</p> <p><b>ГЛАВНЫЙ РЕДАКТОР</b> Баронов А.А., д.м.н., проф., академик РАН</p> <p><b>ЗАМЕСТИТЕЛЬ ГЛАВНОГО РЕДАКТОРА</b> Амфиценов В.К., д.м.н., проф., Москва, Россия Белькова И.А., д.м.н., проф., проф. РАН, Москва, Россия</p> <p><b>НАУЧНЫЙ РЕДАКТОР</b> Петровский Ф.И., д.м.н., проф., Ханты-Мансийск, Россия</p> <p><b>РЕДАКЦИОННАЯ КОЛЛЕКТИВА</b> Башакина А.А., д.м.н., проф., член-корр. РАН, Саратов, Россия Брагина Е.М., д.м.н., проф., Санкт-Петербург, Россия Валовик И.Н., д.м.н., проф., Москва, Россия Ваннова С.Г., д.м.н., Москва, Россия Вашнева Е.А., д.м.н., Москва, Россия Володин Н.И., д.м.н., проф., академик РАН, Москва, Россия Давы И.А., д.м.н., проф., Томск, Россия Землинская Д.И., д.м.н., проф., Москва, Россия Иваново А.И., д.м.н., проф., Москва, Россия Козлов О.П., д.м.н., проф., член-корр. РАН, Екатеринбург, Россия Коршунов А.А., д.м.н., проф., Москва, Россия Курбанов Т.Б., д.м.н., проф., РАН, Москва, Россия Минский И.А., д.м.н., проф., Москва, Россия Монеев А.В., д.м.н., Россия Насалова-Баранова А.С., д.м.н., проф., академик РАН, Москва, Россия Новик Г.А., д.м.н., проф., Санкт-Петербург, Россия Орел В.И., д.м.н., проф., Санкт-Петербург, Россия Петришина Е.Е., д.м.н., проф., Москва, Россия Пискунов С.Г., к.м.н., Ростов-на-Дону, Россия Полухина И.В., д.м.н., проф., академик РАН, Москва, Россия Руминцев А.Т., д.м.н., проф., академик РАН, Москва, Россия Рычкова А.В., д.м.н., член-корр. РАН, проф. РАН, Иркутск, Россия Семидомов А.С., д.м.н., проф., Санкт-Петербург, Россия Черныш А.П., д.м.н., проф., Москва, Россия Чумакова О.В., д.м.н., проф., Москва, Россия</p>		<p>6 <b>INTRODUCTION</b></p> <p>7 Valery Yu. Albitsky <b>ORIGINS AND DEVELOPMENT OF RUSSIAN SOCIAL PEDIATRICS</b></p> <p>10 Leyliya S. Namazova-Baranova, Nataliya V. Ustinova <b>THE ROLE OF SOCIAL PEDIATRICS IN CHILDREN'S LIVES AND HEALTH PROTECTION</b></p> <p>12 Vasily I. Orel <b>NIKOLAI GLEBOVICH VESELOV, THE ORGANIZER OF FIRST SOCIAL PEDIATRICS DEPARTMENT IN RUSSIA</b></p> <p>16 Aleksey S. Sozinov <b>KAZAN ORIGINS OF SOCIAL PEDIATRICS</b></p> <p>19 Nikolay N. Vaganov <b>ПРОБЛЕМЫ ОХРАНЫ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ ДЕТЕЙ В РОССИИ</b></p> <p>23 Olaf Kraus de Camargo <b>THE ROLE OF THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF) IN SOCIAL PEDIATRICS</b></p> <p>27 Gulbin Gökay Bahar Kuralı B, Gonca Keskindemirci <b>TEACHING AND TRAINING IN SOCIAL PEDIATRICS: TURKISH EXPERIENCE</b></p> <p>30 Svetlana A. Vasilulina, Elizaveta A. Sharova <b>TRAUMATIC BRAIN INJURY IN CHILDREN: REGIONAL AND MEDICAL AND SOCIAL FEATURES</b></p> <p>35 Svetlana Ya. Volgina <b>ISSUES OF ESTABLISHMENT OF HEALTH AND SOCIAL CARE FOR CHILDREN WITH RARE DISEASES IN RUSSIAN FEDERATION</b></p> <p>45 Vladislav R. Kuchma, Anna S. Sedova, Marina I. Stepanova, Irina K. Rapoport <b>COVID-19 EPIDEMIC IN RUSSIA: SOCIAL, HYGIENIC, AND ORGANIZATIONAL ASPECTS OF SCHOOL AS ASSOCIATED CONDITIONS AND DISEASES PREVENTION</b></p> <p>49 Olga Yu. Milushkina, Nataliya A. Skobina <b>CHILDREN AND ADOLESCENTS PHYSICAL DEVELOPMENT ASSESSMENT AS MEDICAL AND SOCIAL PROBLEM</b></p> <p>53 Vasily I. Orel, Andrey V. Kim, Lyubov' L. Sharafutdinova, Nataliya A. Gureva <b>CHILDREN'S OUTPATIENT DEPARTMENT AND MODERN CHALLENGES</b></p> <p>56 Marina A. Bechuk, Anna Ya. Basova <b>SUICIDAL BEHAVIOUR IN CHILDREN AND ADOLESCENTS</b></p> <p>59 Marina N. Saikova, Lyudmila A. Zhdanova L.A., Eugenia V. She manaeva, Tatiana A. Klepikova <b>MEDICAL AND SOCIAL SUPPORT FOR CHILDREN WITH PSYCHOVERBAL DEVELOPMENT DELAY IN CHILDREN'S OUTPATIENT DEPARTMENT</b></p> <p>62 Elena V. Plotnikova, Anatoly S. Simakhodsky, Anatoly V. Kagan, Nataliya V. Petrova <b>DIGITAL TECHNOLOGIES IN DIAGNOSIS AND EXPECTED RESPONSE TO TREATMENT IN PREMATURE INFANTS</b></p> <p>66 Tony Waterston <b>CLIMATE CHANGE AND CHILD HEALTH — ROLE OF CHILD HEALTH PROFESSIONALS</b></p>
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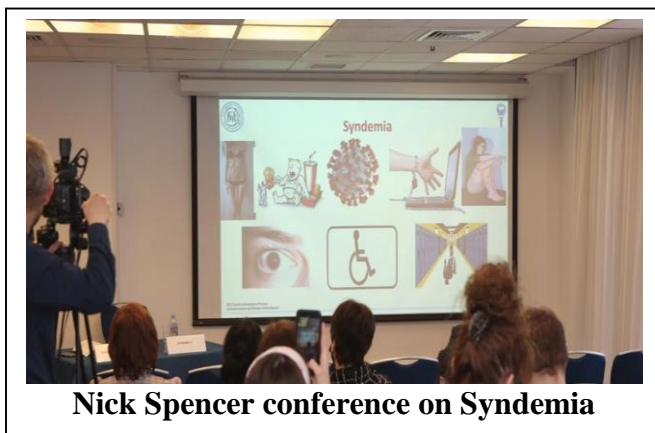
In Russia, mental health services are completely isolated from other health care, far removed from other specialists, mental health services have its own funding, structure, accounting, etc. In addition, the well-known stigmatization of psychiatry in our country is reinforced by the fact that for a long time, during the Soviet period, psychiatry was used as an additional lever to suppress dissent in society and turning to a psychiatrist could lead to loss of human rights. All this leads to the fact that parents are extremely reluctant to go to psychiatrist with children, only when the situation becomes critical. At the same time, mental health services have changed for the better. I, as a psychiatrist, often observe that my adolescent patients do not see a problem in seeking help from a psychiatrist, but their parents try to keep them from doing so.

Within the framework of the 2nd conference on Social Paediatrics, a lot of attention was paid to the issues of improving the competencies of pediatricians in mental health. This is pediatricians who should promptly identify and manage mental disorders in children, this is pediatricians who can and should inform parents about the need to visit a children's mental service. A significant reorganization of mental health services for children - is on the agenda.



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**Nick Spencer conference on Syndemia**

Speakers from ISSOP played a significant role in drawing attention to the first conference on social paediatrics. I would like to note the importance of the participation of foreign colleagues in the convention. We heard the speeches of representatives of IPA (Naveen Thacker), EPAUNEPSA (M. Petoello-Mantovani); AAP (Linda Arnold) and of course, ISSOP. Thank you, Nick Spencer, for your videopresentation of the ISSOP/INRICH project. Studies of the indirect impact of the

pandemic on children are relevant for Russia.

By the second conference on Social Paediatrics, selected reports of the last conference were published, among them - reports of our ISSOP colleagues. Now is a very difficult time. Let me express my opinion that relations between paediatricians from different countries should not be interrupted, especially now.

**Nataliya Ustinova, Moscow**

*We are fully behind Nataliya's wish that relations between paediatricians should never be interrupted despite poor relations between countries' leaderships. We unreservedly condemn the invasion of Ukraine by the Russian government but understand that health professionals bear no responsibility for the atrocities being carried out and we shall maintain our close, warm and valued relationship into the future.*

*The Editors*

### **2.3 The ISPCAN 2022 Congress**

The ISSOP/INRICH COVID-19 Research Group has been actively engaged in ongoing collaborative efforts, with the **Voices of Children** sub-group among the most active. We will be presenting our work at the ISPCAN 2022 Quebec City Congress. **The congress is entirely virtual from March 28-30, 2022.** We will be presenting two sessions on our work

**1. Exploring the Impact of the COVID-19 Pandemic through the Voices of Children and Young People. Authors: Geir Gunnlaugsson, Hajime Takeuchi, Maria Lucia Mesa, Osamagbe Asemota, Mehek Naeem, Naeem Zafar, Rajeev Seth, Margaret A Lynch, Shanti Raman\***

In this symposium we present the findings of innovative research projects carried out with children and youth from different geographical regions including Guinea Bissau, Nigeria, Japan, Colombia and Pakistan, and explore what a child-rights based policy response would look like in each setting.

- Exploring children's knowledge of COVID-19 and stress Levels associated with the pandemic in Nigeria. Osamagbe Asemota
- Bissau Guinean Quran schoolboys begging in the midst of a pandemic. Geir Gunnlaugsson, Hamadou Boiro
- Identifying vulnerable children's stress levels and coping measures during COVID-19 pandemic in Japan. Hajime Takeuchi

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- Knowledge of and attitudes towards COVID-19 in hospitalised children in Colombia. Maria Lucia Mesa
- Experiences of children and parents during COVID-19 pandemic in Pakistan. Naeem Zafar, Mehek Naeem
- Incorporating lessons learned from listening to children’s voices. Rajeev Seth, Margaret Lynch, Shanti Raman

### 2. Exploring the voices of children and young people during the COVID-19 pandemic: A critical review of methods used and lessons learned

**Authors: Shanti Raman, Eva Jörgensen, Donna Koller, Rosina Kyeremateng, David Wood, Margaret A Lynch**

The objectives of this workshop are to:

- Assess research methods used to access CYP’s voices and experiences of COVID-19
- Critically appraise using an ethical and child rights framework the methodologies used to garner CYP voices
- Analyse published evidence of impact on Covid-19 as reported/identified by CYP
- Identify how voices of CYP could shape current and future responses at national and international level.

For more information visit: <https://www.ispcan.org/international-congress-quebec-city-2022-program/?v=402f03a963ba>

(HT)

### 2.4 End of smacking in Wales

Wales has joined Scotland as the second devolved country in the UK to [ban smacking](#).

‘The legislation that has come into force removes the defence of “reasonable punishment” that has been in force since Victorian times in England and Wales and makes all forms of physical punishment against children, such as smacking, hitting, slapping and shaking illegal. The law will apply to everybody in Wales, including visitors.’

This welcome ban (opposed by the Welsh Conservative Party who say that it will ‘criminalise parents who are trying to do their best’) will add to the pressure on England to follow suit, which it is bound to do – though probably not under the present Conservative government.

TW

## 3. International Organisations

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### 3.1 InspiRights



Under the UN Convention on the Rights of the Child, Governments that have ratified the treaty have a number of legal obligations to implement legislation, policies and programs that safeguard these rights and promote child development. Although there is a significant amount of information on what these rights and obligations entail, there

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is a lack of understanding as to what types of policies and practices fulfil these obligations.

The *InspiRights* project seeks to address this gap through taking inventory of good practices that inspire children's rights. In collaboration with a consortium of eight universities<sup>1</sup> and international and regional agencies,<sup>2</sup> *InspiRights* will compile a list of good practices that promote the implementation of children's rights and publish the list as a stand-alone resource. For more information on the project, please visit *InspiRights* website [here](#).

The *InspiRights* project is preparing to launch the surveys which will gather information from governments, organizations and individuals seeking to nominate a good practice. The success of this project will depend on the extent to which the survey has been shared and responded to by experts in children's rights policy and programming around the world. If you are interested in participating, please enter your information on this [form](#) and share it with your networks. We all have a part in promoting the implementation of children's rights, and ensuring that children around the world are developing to their fullest potential.

**Ziba Vaghri**

## **4. Current Controversy (Please, Stop the War Now!)**

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### **4.1 Call to action to protect and mitigate harm to children impacted by armed conflict**

Over two-thirds of the world's children live in regions with armed conflicts.

Adults (We) have the responsibility for this fact. To clarify the responsibility for children's future, I want to share a Japanese lady's story with you.

[Can't walk]

A lady became old and experienced several symptoms of dementia.

One day, suddenly, she was not able to walk.

What was the reason?

She visited specialists in neurology and orthopaedics, but they couldn't solve the symptom.

She finally visited a psychiatric clinic.

The doctor asked about her life.

[A story]

Dementia made her lose her newer memories.

But, on the other hand, it brought back a forgotten memory stocked in the bottom of her memory box.

In the fierce battlefield of Okinawa in 1945, she was able to survive through the rainy bombardment, running desperately and escaping to the shelter.

She was only eight years old.

She had to step on dead or dying bodies when she was running.

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<sup>1</sup> [The University of New Brunswick](#), New Brunswick, Canada; [FLASCO University](#), Buenos Aires, Argentina; [The University of Geneva](#), Geneva, Switzerland; [University of Oslo](#), Oslo, Norway; [Pirogov Russian National Research Medical University](#), Moscow, Russia; [Mohamed V University of Rabat](#), Rabat, Morocco; [Üsküdar University](#), Istanbul, Turkey; and [University of New South Wales](#), Sydney, Australia.

<sup>2</sup> [African Child Policy Forum](#), [UNICEF Canada](#) and the [New Brunswick Child and Youth Advocate](#)

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She suddenly remembered the touch under her soles.  
And then she couldn't walk. The psychiatrist eased her using psychotherapy.  
Even though time has passed over a half-century, a person has to manage PTSD.

[Unnatural disasters]

It is most important not to experience these terrible episodes.  
It is tough to anticipate severe earthquakes and volcano eruptions.  
Humankind makes the climate crisis and wars.

However, we can control these unnatural disasters, and we have to do so.

[Petition]

We can do it!

The ISSOP and ISPCAN need your support.

"Protect and Mitigate Harm to Children Impacted by Armed Conflict"

This URL is the call for action. [https://www.change.org/p/protect-and-mitigate-harm-to-children-impacted-by-armed-conflict?utm\\_source=share\\_petition&utm\\_medium=custom\\_url&recruited\\_by\\_id=a056c920-9935-11ea-98fe-8d0c59561b4a](https://www.change.org/p/protect-and-mitigate-harm-to-children-impacted-by-armed-conflict?utm_source=share_petition&utm_medium=custom_url&recruited_by_id=a056c920-9935-11ea-98fe-8d0c59561b4a)

**Hajime Takeuchi**

### 4.2 Children bear the brunt in Mariupol



**Masha**

[This report](#) from the BBC is one of many which shows how severe the terrible conflict in Ukraine is for children and for their parents-

'In his hospital bed, little Artem stares into space. He clutches a small yellow toy tractor but says nothing as specialist nurses monitor his condition. The Russian shell that blasted shrapnel into his belly also badly wounded his parents and grandparents as they tried to

flee Mariupol. A victim of Putin's war and he's not yet three years old. '

'In the next bed to Artem lies 15-year-old Masha, also from near Mariupol. Her right leg was amputated after it was torn apart by the blast from a Russian shell last Tuesday. '

'The very worst of Vladimir Putin's war in Ukraine and what the relentless Russian bombardment has done to the people trapped in the besieged city of Mariupol, can be seen at the Regional Children's Hospital in the nearby city of Zaporizhzhia.'

**TW**

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

### 5.1 CHIFA Report

Although the COVID-19 pandemic rages on, many of the mandates that defined the COVID-19 pandemic are being relaxed in many countries. The loosening of the mitigation measures against COVID-19 is a sign to many that the worst of the pandemic is behind us. However, the bottleneck that the pandemic has created on the healthcare system continues to produce unique challenges. For instance, the deferred care crisis created by COVID-19 and the emerging epidemic of long COVID continues to push child health issues to the margins of healthcare system priorities. While COVID-19 and its impact continue to dominate the airwaves and are at

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the centre of many healthcare policies, CHIFA members continue to use the platform to raise the visibility of the neglected issues affecting children. For example, CHIFA members have raised concerns that funding of medical journals by the formula industry creates conflicts of interest issues, while placing young children at risk of malnutrition. Similarly, parental views on routine childhood vaccination have been highlighted recently on CHIFA. These issues mirror the broader social issues influencing health belief systems and health outcomes. For example, infodemic is an issue that has harmed public health response to COVID-19. However, many of the people holding such views are parents. Thus, the topics being highlighted on CHIFA illustrates that members are aware of the systemic, broader and contextual issues affecting child health.

**Tosin Popoola**  
Assistant CHIFA moderator

### 5.2 IPA Report

The IPA, among other pediatric organizations, has raised its voice so that the lives of children in Ukraine are not in further danger as a result of the continuous bombing and destruction of their homes and their lives. In addition, IPA has been developing an intense advocacy activity by incorporating humanitarian aid issues into its training programs. We remind you that information regarding the next World Congress of Pediatrics to be held in India in 2023 is available.



**30<sup>TH</sup> IPA CONGRESS & 60<sup>TH</sup> PEDICON 2023**  
Quality Care for Every Child Everywhere  
Gandhinagar, Gujarat, India | 19<sup>th</sup>-23<sup>rd</sup> Feb, 2023

30th International Pediatric Association Congress 2023 &  
60th Annual Conference of The Indian Academy of Pediatrics

Organised by:  **IPA** International Pediatric Association  
Every Child - Every Age - Everywhere

Hosted by: 

**30th International Pediatric Association (IPA) Congress and  
60th Annual Conference of the Indian Academy of Pediatrics (IAP)**

Register Today - [www.ipa2023congress.org](http://www.ipa2023congress.org)  
Contact Us - [info@ipa2023congress.org](mailto:info@ipa2023congress.org) | [+91 93722 75650](tel:+919372275650)

**Raúl Mercer**

### 5.3 ISSOP/IINRICH Mentorship program

As reported in the last e-bulletin, arising from the work of the ISSOP/INRICH C-19 research group we are working on a Mentorship Program which will build on the highly effective collaborative work we have been undertaking since the formation of the research group. Our clear commitment is to provide a safe and supportive research community for all colleagues especially early career researchers and those from low resource countries with limited access to research resources.



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We plan to formalize the mentorship program and build on the mentoring support currently being given to group members. We aim to recruit additional mentors and mentees and create a Program Board under the leadership of Professor Michael Weitzman. We will be circulating a request for mentors and mentees; however, anyone interested in acting as a mentor or who has a project they would value support with should contact me at [n.j.spencer@warwick.ac.uk](mailto:n.j.spencer@warwick.ac.uk)

Nick Spencer 18/03/2022

## 6. Trainee Report

### 6.1 Change of command, generational change, regaining hope (CHILE)

**In this issue we will dedicate the trainee report to a political fact that, although it does not refer specifically to the condition of "trainee", contemplates a generational change in the way of approaching politics. We share with you some milestones of the political transition in Chile.**

In March a historic event has occurred in the country in the corner of the world, Chile. There has been a change of government, in the midst of a constitutional convention that is remaking the Magna Carta of our republic, the country has elected a young 36-year-old lawyer, from social movements, to preside over the country in the next 4 years. The president, named Gabriel Boric Font, from the southernmost region of the country, Magallanes, elected the now former president of the medical college, Izkia Siches Pasten, a 36-year-old woman from the north, as a minister of the interior (vice-president) of the country, who was recognized as one of the most important figures in the management of the country's pandemic. The epic gestated, from principles such as feminism, environmentalism, decentralization, and the reunion of the peoples of Chile, marked the government campaign, and established hope as the backbone of its message to citizens.



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The Ministry of Health, being the main one its articulation with other sectors to improve the life of all the people who inhabit Chilean land. "Contribute to raising the quality and level of health of the population, leading the formulation, monitoring and evaluation of public policies in prevention and control of diseases, exercising a guiding and regulatory role (...)" invites those of us who enter or remain in the sector to dream. Ministry of Health, and they are dreams have a defined panorama of colors: that panorama is called a rights, gender, equity approach, attending to the social determinants of the population's health. But these dreams should not be just utopia. These must be dreams that build a shared vision, and not only of those of us who inhabit this division, but of all those who are subjects of each of the actions that we devise. This is why the participation approach must be at the heart of our work.

President Boric's government establishes a clear Roadmap for health, drawn up for the next 4 years. The 4 axes that will accompany us: Feminism, Fair ecological transition, decentralization, decent work. And the main tasks: Coping with the consequences of the health emergency and recovering the economy; move towards a society that puts at the center the sustainability of life, care, safety and well-being of people and communities. In this sense, it has been entrusted as a priority to attend to the problems of the populations and communities that have had a very bad time, and continue to have a very bad time:

- People in transit crossing borders, entering a country that attacks, discriminates and rejects them, our commitment is with them and them,
- Communities historically marginalized and violated by the resistance exerted to take care of their sacred land of their worldview, to rebuild trust in the Araucanía and empathy with all the victims, starting with peace, the right and in it is the right to health in all its dimensions: physical, psychic and social.
- People of sexual dissidence, who do not find a safe and inclusive place in our communities, much less in health services.
- People with disabilities who continue to be considered second category, and in which inclusion continues to be a utopia
- Not to mention boys, girls and girls, women, older people, who often suffer systematic gaps in access to public services and ultimately to the recognition of their rights by the State...
- That children who today continue to grow in contaminated spaces and sacrifice zones.
- Injured people left by the social unrest, the structural violence of the State agencies, particularly the forces of order and public security, and their families.

But this will also be a government for everyone, of everyone. And that means that we must not lose sight of the universal actions that establish a minimum floor so that everyone has the conditions to develop, and can reach their maximum desired potential. To do this, placing people's health as a first priority, and particularly mental health, is a commitment of the present administration. In this sense, we know well that for complex problems there are no simple/sectoral answers. This is why we MUST articulate ourselves, work WITH other departments, divisions, undersecretary and ministries, and of course with scientific societies and civil society, to arrive at the best answers, otherwise we will not achieve the promised changes.

The dream of this collective government, and President Boric said it clearly, is that when we finish this period, we have a country that protects us, that welcomes us, that cares for us, that guarantees rights, and fairly rewards the contribution that all men and women citizens does for this society.

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The president's invitation is to walk the path of hope together, and to build all the change towards a more dignified and just country. This construction is done all together, step by step, recognizing that the changes that last are those that are based on accumulated knowledge, evidence and citizen participation.

Elicura Chihuailaf, Mapuche poet and historian, yesterday at the festival of citizen change recited a wonderful poem by her daughter Kalfu Rai, by and for the boys and girls of the Mapuche communities of Temu Cui Cui.

It is called: Song and Afafan (equivalent to western applause):

Hijo, Hija: ¿Y si le decimos a la niebla  
que desde su cumbre de ensueños  
esconda los caminos de nuestros campos  
y nuestros atacantes tomen entonces  
los atajos de la nada...?  
¿Y que la nada sea una cometa, el cráter  
de un volcán, una galaxia inexistente?

¡Ya ya ya ya, uuuu!, digámosle a la niebla  
para que se despierte

¡Ya ya ya ya, uuuu!, digámosle a la niebla  
para que se apresure.

Son, Daughter: What if we tell the mist  
that from its summit of dreams  
hide the paths of our fields  
and our attackers take then  
shortcuts out of nowhere...?  
And that nothing is a comet, the crater  
of a volcano, a non-existent galaxy?

Ya ya ya ya, uuuu! Let's tell the fog  
for him to wake up

Ya ya ya ya, uuuu! Let's tell the fog to  
hurry up.

We have the deep desire that we be the fog,  
that we wake up, and that we hurry, for our sons, for our daughters, and recognizing that each  
one has their own rhythm, to have the clarity that we share the same course, and the port  
What awaits us is that more just, dignified, and loving country with its people that we dream  
of the new government promises to work tirelessly for him.

**Fernando González**

### 6.2 Trainee forever: Helia Molina



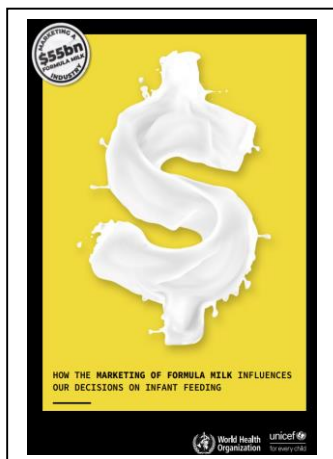
**Comment: in this unique new government, there is also room to experience, memory, transparency and commitment. Helia Molina (left) is a social pediatrician and recently elected National Deputy of the Congress of Chile. On the right, Isabel Allende, famous writer and exiled during the dictatorship of Augusto Pinochet. Sometimes a single image has the power of a thousand words. (Raúl Mercer)**



### 7. Publications

#### 7.1 WHO report on infant formula marketing

Dr Tedros the WHO Secretary General launched this dramatic and highly significant report in two online sessions on February 23<sup>rd</sup>, with input from key authors.



‘This report - the largest of its kind to date - draws on the experiences of over 8,500 women and 300 health professionals across eight countries. It exposes the aggressive marketing practices used by the formula milk industry, and highlights impacts on families’ decisions about how to feed their babies and young children.’

The report finds that industry marketing techniques include unregulated and invasive online targeting; sponsored advice networks and helplines; promotions and free gifts; and practices to influence training and recommendations among health workers. The messages that parents and health workers receive are

often misleading, scientifically unsubstantiated, and violate the International Code of Marketing of Breast-milk Substitutes (the Code) – a landmark public health agreement passed by the World Health Assembly in 1981 to protect mothers from aggressive marketing practices by the baby food industry.

“This report shows very clearly that formula milk marketing remains unacceptably pervasive, misleading and aggressive,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “Regulations on exploitative marketing must be urgently adopted and enforced to protect children’s health.”

<https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/formula-milk-industry>

TW

#### 7.2 Conflicts of interest are harming maternal and child health

Commentary

BMJ Global Health

### Conflicts of interest are harming maternal and child health: time for scientific journals to end relationships with manufacturers of breast-milk substitutes

Catherine Pereira-Kotze <sup>1</sup>, Bill Jeffery <sup>2</sup>, Jane Badham,<sup>3</sup>  
Elizabeth C Swart <sup>4</sup>, Lianne du Plessis <sup>5</sup>, Ameena Goga <sup>6,7</sup>,  
Lori Lake <sup>8</sup>, Max Kroon,<sup>9</sup> Haroon Saloojee <sup>10</sup>, Christiaan Scott <sup>11,12</sup>,  
Raul Mercer <sup>13</sup>, Tony Waterston <sup>14</sup>, Jeffrey Goldhagen <sup>15,16</sup>, David Clark,<sup>17</sup>  
Phillip Baker <sup>18</sup>, Tanya Doherty <sup>1,19</sup>

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Several ISSOP members are joint authors of this [seminal paper](#) which comes from a South African research group based in Cape Town. The authors put the case strongly that scientific journals should no longer accept advertising from manufacturers of breast milk substitutes, and demonstrate the harm still being done with two examples, including one from the Journal Nature.

- ‘Forty years after the World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes, inappropriate marketing of breast-milk substitutes persists and puts infants and young children at risk of malnutrition, illness and death.
- The formula industry is large and powerful and has used various ‘medical marketing’ strategies to influence scientists and health professionals as to the purported benefit of breast-milk substitutes.
- The examples provided in this commentary show how a manufacturer is using a leading scientific journal to market breast-milk substitutes through paid advertisements and advertisement features.
- By receiving funding from breast-milk substitute manufacturers, journals create a conflict of interest, whereby the publisher and readers of the journal may favour corporations consciously or unconsciously in ways that undermine scientific integrity, editorial independence and clinical judgement.’

The paper calls for an end to such advertising in all general and paediatric journals, as has been done by the BMJ and journals associated with the Royal College of Paediatrics and Child Health. This call is very much in line with the new report from WHO described in 7.1 above.

**Tony Waterston**

### 7.3 Tax abuse-The potential for SDG’s

**Bernadette A. M. O’Hare**, **Marisol J. Lopez**, **Bernadetta Mazimbe**, **Stuart Murray**, **Nicholas Spencer**, **Chris Torrie**, **Stephen Hall**. PLOS Glob Public Health 2(2):e0000119. <https://doi.org/10.1371/journal.pgph.0000119>

## PLOS GLOBAL PUBLIC HEALTH

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RESEARCH ARTICLE

### Tax abuse—The potential for the Sustainable Development Goals

**Bernadette A. M. O’Hare**<sup>1</sup>, **Marisol J. Lopez**<sup>1\*</sup>, **Bernadetta Mazimbe**<sup>2</sup>, **Stuart Murray**<sup>1</sup>, **Nicholas Spencer**<sup>3</sup>, **Chris Torrie**<sup>1</sup>, **Stephen Hall**<sup>4</sup>

<sup>1</sup> School of Medicine, University of St Andrews, St Andrews, United Kingdom, <sup>2</sup> Ministry of Agriculture, Lilongwe, Malawi, <sup>3</sup> Warwick Medical School, University of Warwick, Coventry, United Kingdom, <sup>4</sup> School of Business, University of Leicester, Leicester, United Kingdom

\* [mjl23@st-andrews.ac.uk](mailto:mjl23@st-andrews.ac.uk)

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Many of us are aware of, and concerned about, the effects of poverty on the survival and health of children in majority world countries. We applaud the UN for establishing the Sustainable Development Goals (SDGs). However, how many of us are aware of the role of governments and multinational companies based in rich nations in undermining the capacity of majority world countries to realize these goals? Bernadette O'Hare, an ISSOP member, who works in Scotland and Mozambique, leads a research initiative examining how tax abuse, perpetrated by companies and governments in rich nations, deprives poor countries of the financial resources to ensure the critical determinants of health which we, in rich nations, take for granted. The right to health is indivisible and applies to ALL children wherever they are in the world. As paediatricians and child health care workers, we have a responsibility to protect this fundamental right and advocate for an end to tax abuse. I've had the privilege of working with Bernadette and colleagues on a recently published paper detailing the impact of tax abuse.

**Abstract:** Governments generally provide the services that allow people to access the critical determinants of health: water, sanitation, and education. These are also Sustainable Development Goals and fundamental economic and social human rights. Studies show that governments spend more on public services and health determinants with more revenue. However, governments in low and lower-middle-income countries have small budgets, and tax abuse (avoidance and evasion) contributes to revenue leaks. Researchers have estimated that four countries enable more than half of global tax abuse. We used estimates on tax abuse with a model of the relationship between government revenue and the determinants of health to quantify the potential for progress towards the Sustainable Development Goals 3, 4, 5, and 6. The increase in government revenue equivalent to global tax abuses is associated with 36 million people having access to basic sanitation and 18 million having access to basic drinking water. Additionally, over a ten year period, this increase would be associated with over 600,000 children and almost 80,000 mothers surviving. Thus, curtailing tax abuses would significantly contribute to progress towards the Sustainable Development Goals. Countries that enable tax abuses must review and modify policies to ensure progress towards these goals.

**Nick Spencer**

### 7.5 Please stop the Russian-Ukrainian war – children will be more than grateful

European Journal of Pediatrics  
<https://doi.org/10.1007/s00431-022-04444-5>

EDITORIAL



#### Please stop the Russian-Ukrainian war – children will be more than grateful

Sebastiano A. G. Lava<sup>1</sup> · Daniele de Luca<sup>2</sup> · Gregorio P. Milani<sup>3,4</sup> · Piet Leroy<sup>5</sup> · Nicole Ritz<sup>6,7</sup> · Peter de Winter<sup>8,9,10</sup>

Many professional health societies and organizations are raising their voices for the war to stop immediately. There is abundant scientific evidence showing that armed conflicts are bad for health, particularly that of children. If there is any remaining thinking capacity, intelligence, or sensitivity, it is time to stop the spiral of violence and unnecessary bloodshed. It is incomprehensible to see how cultural and social capital crumbles in the face of unconsciousness. The European Journal of Pediatrics published this article appealing to stop the Russian-Ukrainian war. <https://link.springer.com/article/10.1007/s00431-022-04444-5#citeas>

RM

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### 8. Topics in Social Pediatrics reflections

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#### 8.1 Obituary: Professor Olcay Nehzi



Professor Olcay Neyzi has passed away on February 3, 2022 at the age of 94. She was an internationally renowned, and deeply respected pediatrician who was a pioneer in the field of Social Pediatrics, and Pediatric Endocrinology in Turkey. She was the founder of Social Pediatrics Department in 1982 at the Institute of Child Health at Istanbul University. Her pioneering work included the development of growth charts in Turkish children, which continues to be widely used today. She was honored for her achievements in Medicine in 2017. She published one of the first Pediatrics textbook in Turkish. She had a very productive life. She was very happy to see her newly published book about the life of a pediatrician on February 2, 2022.

Held jointly with the 5th National Congress of the Turkish Society for Social Pediatrics, the international Eurasian congress of Social Pediatrics was opened with a video message of Olcay Neyzi. Her recent paper on Social Pediatrics training was published in the special issue of the Journal of Child, dedicated to Social Pediatrics with her colleagues. Outside of academia, she was dedicated to promoting children's health. Her latest book was published last week. She was an exceptionally dedicated, caring, and inspiring mentor, who supervised many doctoral, and postdoctoral students. Her legacy lives on her students following her path. She will be greatly missed by her students, and colleagues. Neyzi will be survived by her son, her daughter, her grandchildren, and by us as her students.

#### **Prof Gülbin Gökçay - Prof. Perran Boran**

Before I met Prof Neyzi in 1999, as a UK community paediatrician I was well aware of her towering reputation and ground breaking work in developmental and social paediatrics. The meeting at which she presided in that year and which I was fortunate to attend as a member of the the European Society for Social Pediatrics (ESSOP – now the International Society, ISSOP) was one of the best I have been to and still is prominent in my mind, focusing as it did on school health. This is a topic which merits more attention and funding, particularly at this time when youth are facing a heavy burden of disordered mental health. At the conference I was invited to a social engagement in her house and found her to be a warm and considerate host who has remained a friend and colleague ever since. Her work in developing the critically important field of social paediatrics in Turkey will be long remembered.

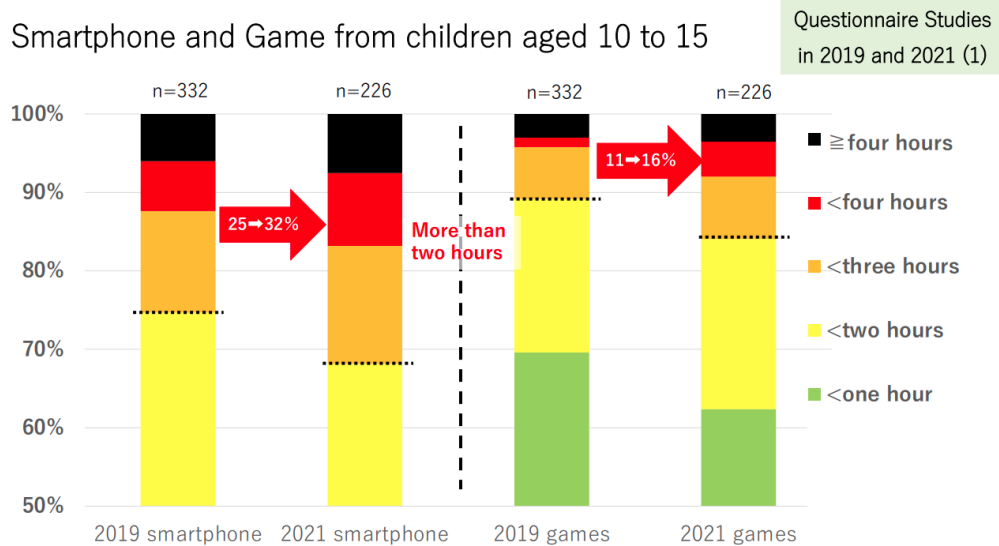
#### **Dr Tony Waterston, retired consultant paediatrician in UK and EC member of ISSOP**

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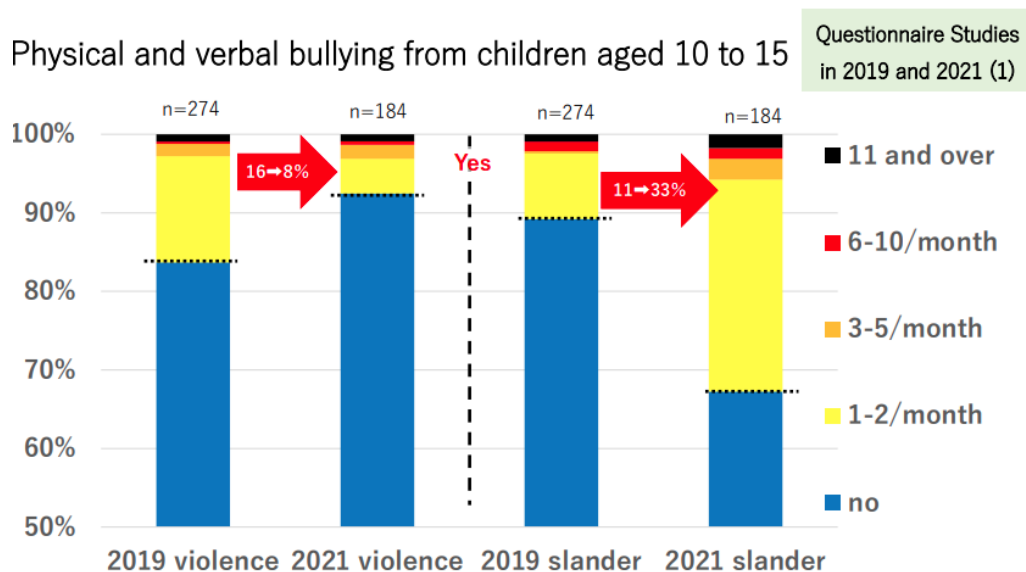
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### 8.2 Children's mental health in Japan during the pandemic

These graphs show two symbolic changes in children's situations during the pandemic.



The spending times for two hours and more are changed before and after the pandemic. Those for smartphones (left) and games (right) increased from 25% to 32% and from 11% to 16% respectively. These are about 1.5 times before the pandemic. They are spending more extended time on smartphones and games. It is not shown, but some children living in relative poverty families spend significantly more extended time for virtual worlds. The relationship through SNS or games is crucial for especially vulnerable children. However, it has an addictive side. Bullying has been changed during the pandemic. The actual physical bullying decreased from 16% to 8% in half. However, the slandering words increased three times from 11% to 33%.



The actual relationship is weaker. So, virtual bullying expanded compared to the reduction of real violence. The position of suicide became top among the teenagers' death in 2020 in Japan.

Hajime Takeuchi

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### 9. Climate change update

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#### 9.1 Your Green Doctor

##### Teaching Climate Change in Just 45 Seconds: Three Easy Scripts



How can we talk with our patients about the health risks of climate change without disrupting the office visit? This important topic can be time-consuming and even controversial. This month, the Capital Medical Society's My Green Doctor explains an easy solution that may work well in your practice:

<https://www.mygreendoctor.org/teaching-patients-climate-change-in-just-45-seconds-three-easy-scripts/>.

My Green Doctor is a **free money-saving membership benefit for members of the Capital Medical Society**. Members use My Green Doctor's "Meeting-by-Meeting Guide" to learn how to adopt environmental sustainability, save resources, and help create healthier communities. The program adds just five minutes to each regular office staff meeting or weekly office "huddle", making small changes at each meeting that over time really add up.

Everyone in your practice can register as Partner Society members at [www.MyGreenDoctor.org](http://www.MyGreenDoctor.org) or at [www.MyGreenDoctor.es](http://www.MyGreenDoctor.es) (si, en Espanol) and can use the **discount code MGDCMS** to save \$60 instantly and give full access to My Green Doctor for free. Ask your practice manager to register today and to put My Green Doctor on your next agenda. **You can do this!**

**Todd Sacks**

#### 9.2 IPCC issues 'bleakest warning yet' on impacts of climate breakdown

The Guardian newspaper writes [here](#) about the latest IPCC report on the climate crisis which is stark in the extreme. The Guardian starts with these words –

*Climate breakdown is accelerating rapidly, many of the impacts will be more severe than predicted and there is only a narrow chance left of avoiding its worst ravages, the Intergovernmental Panel on Climate Change (IPCC) has said.*

*Even at current levels, human actions in heating the climate are causing dangerous and widespread disruption, threatening devastation to swathes of the natural world and rendering many areas unliveable, according to the landmark report published on Monday.*

*"The scientific evidence is unequivocal: climate change is a threat to human wellbeing and the health of the planet," said Hans-Otto Pörtner, a co-chair of working group 2 of the IPCC. "Any further delay in concerted global action will miss a brief and rapidly closing window to secure a liveable future."*

Don't let us forget that the war in Ukraine will eventually be over, its environmental impact will be dire, and we shall still have climate crisis to cope with in every country in the world. We have to push our governments to take genuine action **THIS YEAR** to avoid the worst impacts on children and families

**TW.**



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### 10. War legacies

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#### 10.1 From creative to tragic urbanization (a proposal)

London, UK, City of Women  
<https://www.cityofwomenlondon.org/>



Moscow, RU, City of Ukrainian Children



During the recent 8M, the City of London decided to name all the subway stations after female fans. A creative way of recognizing the role of women in our society.

During Russia's tragic invasion of Ukraine, many children have died or been orphaned. One way to raise awareness of these losses could be by assigning the name of each of these children to the Moscow subway stations.

#### 10.2 This is how every War ends



(No comments)

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### 10.3 Child and adult trauma resources

#### Ukraine Crisis Resources-INEE

[https://inee.org/collections/ukraine-crisis-resources?utm\\_source=INEE+email+lists&utm\\_campaign=62c1dc3535-EMAIL\\_CAMPAIGN\\_2019\\_10\\_08\\_10\\_35\\_COPY\\_01&utm\\_medium=email&utm\\_term=0\\_710662b6ab-62c1dc3535-25783713](https://inee.org/collections/ukraine-crisis-resources?utm_source=INEE+email+lists&utm_campaign=62c1dc3535-EMAIL_CAMPAIGN_2019_10_08_10_35_COPY_01&utm_medium=email&utm_term=0_710662b6ab-62c1dc3535-25783713)

#### Психологічна допомога українцям

<https://docs.google.com/spreadsheets/d/1Kgfza-PBsvUZaWyiRTAvEeBMSa4NYkrIOLIDwTaSR7s/edit#gid=0>

#### UNHCR Support for Ukrainian Refugees

For Ukrainians traveling to or present in other countries, please see the below for more information about asylum procedures and where to go for help:

· In the Czech Republic: Please see the UNHCR HELP page:

<https://help.unhcr.org/czech/> and the government webpage page:

<https://www.mvcr.cz/clanek/informace-pro-obcany-ukrajiny.aspx> (hotline number +420 974 801 802).

· In Hungary: Please see the UNHCR HELP page for Hungary:

<https://help.unhcr.org/hungary/> and the page of the Hungarian Helsinki Committee:

[https://helsinki.hu/Ukraine\\_Guide\\_2022\\_02\\_25\\_EN.pdf](https://helsinki.hu/Ukraine_Guide_2022_02_25_EN.pdf).

· In Moldova: Please see the page of the asylum authorities:

<http://bma.gov.md/ro/content/%D0%B2%D0%B0%D0%B6%D0%BB%D0%B8%D0%B2%D0%BE> and this partner page for available services: <https://dopomoga.life/>. You can contact UNHCR at: [hunbu@unhcr.org](mailto:hunbu@unhcr.org).

· In Poland: Please see the UNHCR HELP page for Poland:

<https://help.unhcr.org/poland/> and the Polish government website for Ukrainians:

<https://www.gov.pl/web/udsc/ukraina-en> (scroll down for additional languages and note their hotline at: +48477217575).

· In Romania: Please see the UNHCR HELP page for Romania:

<https://help.unhcr.org/romania/> and the website of our partner, the National Council for Refugees: <https://www.cnrr.ro/index.php/ro/>

· In Slovakia: Please see the UNHCR HELP page for Slovakia here:

<https://help.unhcr.org/slovakia/> and the Slovak government website for Ukrainians at: <https://ua.gov.sk/en.html>.

· In all other countries: Please see the UNHCR HELP page <https://help.unhcr.org/> and select the relevant country.

#### Resource websites for Ukraine Support

European Disability Forum

Inclusive Emergency Response

Tools and resources to ensure persons with disabilities are included in Ukraine emergency Response <https://www.edf-feph.org/inclusive-emergency-response/>



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Appeal from the National Assembly of People with Disabilities of Ukraine Resources  
<https://www.edf-feph.org/appeal-from-the-national-assembly-of-people-with-disabilities-of-ukraine/>



Source: UNICEF

### Tip sheet for distribution by Child Protection coordination teams

How you can support your child during bombing?

Tips:

- Try to remain as positive as possible. Children read in your behaviour what is going on. You do not always have to remain 'strong'; you are already doing the best you can. Engage in self-care, self-compassion, and express positive emotions.
- Hug your children if they want and allow children to 'nestle in' on your lap.
- Sing together childhood songs. It gives a sense of security.
- Avoid open conflict and confrontation among friends and family.
- Accept the way your child feels whatever emotions they show.
- The more you obtain support from others, the better you will be able to help your kids.
- Pray together with your child if you believe in a god or spirituality.
- Do not encourage feelings of anger or revenge in your children. This would only increase anxiety in your child.
- For adolescents, ensure to balance between treating them as adults (telling the truth, sharing your thoughts with them, giving responsibility) but also allowing them to ask for support.

### Supporting Adults, Families, & Young Children during Crisis

The following information represents collective contributions from different individuals and organizations. **Please add to this list!** It will support not only the immediate need in Ukraine but other countries experiencing conflict and emergencies.

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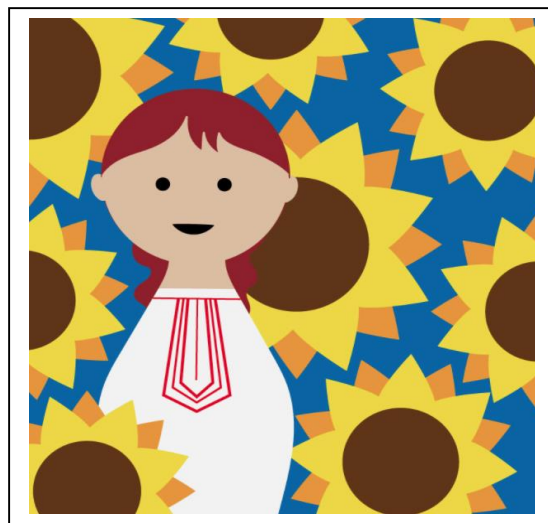
Please do not advertise personal services. The goal is to share open access, free, quality resources for immediate use.

### Parenting Tips during Conflict

<https://drive.google.com/drive/folders/1359CLfscEyy-H50mSUMnQb3ETm4f8HhF?usp=sharing>

Ukrainian, Russian and English set of 7 evidence-based social media tips for parents and caregivers. These are based on 13 randomized trials including in conflict settings, and UN resources. They are in pdf and png for easy pasting into all social media platforms.

Each Social Media post includes two 'squares', to be sent together. The first with core content and the next with supporting logos of WHO, UNICEF, UNHCR, UNODC, The Global Partnership to End Violence Against Children, ECDAN, World Without Orphans, Maestral & Changing the Way We Care and the Child Protection Area of Responsibility, as part of the ongoing Global Initiative to Support Parents. This is especially important in a context of misinformation where families need to know this is help they can trust.



- All resources are open source: you can edit them directly in the pdf if you have adobe, or ask [nicole.chetty@uct.ac.za](mailto:nicole.chetty@uct.ac.za). We have left space to add logos - please feel free and to adapt design etc. We ask that you check with us before changing any evidence-based content.
- We will be in touch to find out how organizations share the resources, and estimates of how many people are reached on each platform - this helps everyone report on our joint collaboration and each agency's response.
- Also included in the google drive UNODC's materials and these will be available in Ukrainian in the next few days. Over the next week additional tips for separation and shelters will be added including in languages of all neighboring countries and work on video and booklet versions (from Lucie and the Parenting for Lifelong Health team)

### Acute Stress Response: Adults

Acute Stress Responses under conditions of real ongoing danger and threat. Resource on Acute Stress Response: <https://www.uptodate.com/contents/treatment-of-acute-stress-disorder-in-adults>

### Resources – Talking to Children about War and Terrorism

- Ukraine- 5 Ways to Talk to Children about Conflict (Save the Children)

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<https://www.savethechildren.net/news/ukraine-5-ways-talk-children-about-conflict>

Ukraine: <https://www.pbssocial.org/education/how-to-talk-to-kids-about-the-ukraine-invasion>

- Resilience in a time of war: Tips for parents and teachers of elementary school children (APA)

<https://www.apa.org/topics/resilience/kids-war>

- Talking to Your Kids about War

<https://www.verywellfamily.com/how-to-talk-to-kids-about-war-4147597>

### Inter-Agency Network for Children in Emergencies

INEE main website: [www.inee.org](http://www.inee.org)

About the INEE Help Desk, with a link for contacting them: [www.inee.org/help-desk](http://www.inee.org/help-desk)

### National Child Trauma Support Network:

- Skills for Psychological Recovery (SPR) <https://www.nctsn.org/resources/skills-psychological-recovery-spr-online>
- Psychological First Aid: [About PFA | The National Child Traumatic Stress Network](#)
- Childhood Traumatic Grief: <https://www.nctsn.org/resources/helping-young-children-traumatic-grief-tips-caregivers>
- Childhood Traumatic Separation: [https://www.nctsn.org/sites/default/files/resources/children\\_with\\_traumatic\\_separation\\_professionals.pdf](https://www.nctsn.org/sites/default/files/resources/children_with_traumatic_separation_professionals.pdf)

### General Child Trauma Resources

- [Talking to Children about War](#)
- [Age-Related Reactions to a Traumatic Event](#)
- [Psychological First Aid for Displaced Children and Families](#)
- [Traumatic Separation and Refugee and Immigrant Children: Tips for Current Caregivers](#)
- Understanding Refugee Trauma: [For School Personnel](#), [For Mental Health Professionals](#), and [For Primary Care Providers](#)
- Coping in Hard Times: Fact Sheet for [Parents](#), [Youth](#), and [School Personnel](#)
- Helping Children with Traumatic Grief: [Young Children](#), [School-Age Children](#), and [Teens](#)

### Ukrainian Crisis Resource Centre

<https://www.childhelplineinternational.org/2022-resource-centre/>

### General Recommendations

- Keep calm in the face of great fear. Little kids don't understand what's going on. They'll already be frightened by loud noises, maybe being in weird places like the subway, and by people's screaming and crying. But if they see their parents acting as calm and normal as possible, the children won't LEARN the fear from them.

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- Second thought: Keep a bag of things for the child to do, if you have to relocate or distract the child. Make sure the things are interesting for the child.
- Third thought: There's a reason many children have comfort items—stuffed animal or blanket. Make sure they're available.
- Fourth thought: If you're still at home and can possibly do so, try to keep the usual routine of the day.
- Finally, the oxygen mask or two-bucket principle: Look after yourself, emotionally. Talk to a friend or family member, if that's your thing. Carve out some time in the day for yourself, if you can.

### Sesame Street

<https://sesamestreetincommunities.org/topics/health-emergencies/?activity=managing-big-feelings>

<https://sesamestreetincommunities.org/topics/traumatic-experiences/?activity=comfy-cozy-nest>

<https://sesamestreetincommunities.org/topics/racial-justice/?activity=the-friends-in-your-neighborhood>

### Military and Veteran Family Resources

- [Working Effectively with Military Families: 10 Key Concepts All Providers Should Know](#)
- [Understanding Child Trauma & Resilience: For Military Parents and Caregivers](#)
- [Honoring Our Babies and Toddlers: Supporting Young Children Affected by a Military Parent's Deployment, Injury, or Death](#) (Zero to Three)
- [Sesame Street for Military Families](#) (website)
- [Community Support for Military Children and Families Throughout the Deployment Cycle](#) (Center for Study of Traumatic Stress, CSTS)
- [Strengthening Military Families to Support Children's Well-Being](#) (CSTS)
- [Helping Children Cope During Deployment](#) (CSTS)
- [Military Children and Families: Supporting Health and Managing Risk](#) (webinar)
- [Impact of the Military Mission & Combat Deployment on the Service Members](#)
- [Understanding Deployment Related Stressors & Long-term Health in Military Service Members & Veterans: The Millennium Cohort Study](#) (webinar)
- [An Overview of the Military Family Experience and Culture](#) (webinar)

### Additional Helpline Resources (United States)

- SAMHSA [Disaster Distress Helpline](#) – call or text **1-800-985-5990** (for Spanish, press “2”) to be connected to a trained counselor 24/7/365.
- [Military OneSource](#) – call **1-800-342-9647** for eligible DOD service members and their families.

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- [Veterans Crisis Line](#) – call 1-800-273-8255, press “1” or text 838255 for all service members.
- [PTSD Consultation Program](#) – for providers who treat Veterans. Ask a question by calling [866-948-7880](#) or emailing [PTSDconsult@va.gov](mailto:PTSDconsult@va.gov).

For those that are needing technical assistance or additional resources, please don't hesitate to contact **Dr. Greg Leskin** [gleskin@mednet.ucla.edu](mailto:gleskin@mednet.ucla.edu) for Military and Veteran Family resource questions and **Dr. Melissa Brymer** at [mbrymer@mednet.ucla.edu](mailto:mbrymer@mednet.ucla.edu) for all other questions.

For field workers working with families and children:

- Guide for field workers providing psychological first aid in Ukrainian published by [WHO](#)

Guidance for protecting displaced and refugee children in and outside of Ukraine  
<https://www.unicef.org/emergencies/guidance-protecting-displaced-children-ukraine>

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Source: UNICEF