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### **1. Introduction**

Welcome to the first bulletin of 2018, and let's hope it is a better year for child health than 2017 (in terms of world events). In this issue we highlight the ISSOP meeting in Bonn which we expect to be highly rewarding, please put the date in your diary now. We provide an update on the ISSOP Budapest declaration, which is gaining publicity around the world and will be published in the Lancet; we highlight the Nobel Peace prize and feature ICAN, the International Campaign to Abolish Nuclear Weapons; and look out for Charles Nwobu, the new desk officer for CHIFA. All this plus a trainee report and reports of papers of interest to all members. We are looking to improve the format of the e-bulletin with briefer articles and links to fuller reports, if you have suggestions for this please let us know!

**Tony Waterston, Raul Mercer, Rita Nathawad & Gonca Yilmaz**



## 2. Meetings and news

### 2.1 ISSOP annual meeting in Bonn 27-29 Sept 2018

**Save the dates!**



**Dear Colleagues, dear Friends,**

I am delighted that we are holding the 2018 Annual Congress of the International Society of Social Pediatrics and Child Health (ISSOP) in the historic city of Bonn. The meeting will explore aspects of Early Childhood Development (ECD) including early intervention, and rights and services for vulnerable children such as those with chronic conditions and migrant children. Given increasing interest in and recognition of the importance of ECD to health and well-being across the life course, it is appropriate for ISSOP to discuss how pediatricians and other child health professionals should work to ensure optimal development of all children in their early years including the most vulnerable.

I am confident that the Congress will contribute positively to promoting the rights, health, development and well-being of all children as well as offering an enjoyable social programme.

Kind regards:

**Prof. Nick Spencer**

### 2.2 Budapest Declaration – update and next steps

We published the Budapest Declaration on the Rights, Health and Well-Being of Children and Youth on the Move, prepared and adopted by the participants of the ISSOP 2017 conference, in the November 2017 e-bulletin. Since then there are important developments to report:

- 12 national and regional paediatric and public health organisations have endorsed the Declaration



- The Declaration has been translated into Hungarian and German and a Japanese translation is in preparation
- In a first for ISSOP, a comment piece, based on the Declaration, has been accepted for publication in the Lancet Child and Adolescent Health – we'll alert members when it is published
- We are working with Dr Fouad, who was at ISSOP 2017 and is one of the authors of the Lancet comment piece, to establish a seminar/symposium hosted by the Global Health Institute of the American University of Beirut bringing together child and public health professionals in the Middle Eastern countries to discuss mobilising the child and public health professionals in their countries to more effectively promote the rights and health of displaced children
- We are developing an action plan to work towards the main objectives of the Declaration:
  1. Publicly-funded, high quality **clinical programmes** high quality providing physical and mental health care that includes targeted and mainstream services independent of their visa status and without discrimination
  2. **Systems of care** that serve the special physical, mental, public and social health needs of these children and youth, in a manner that addresses bias, prejudice and xenophobia—and consistently affirms their dignity and rights
  3. **Advocacy for to promote Health in all Policies and Universal Health Care** approaches and commitments to advance equity in the health and well-being of children and youth on the move.

**Nick Spencer**

## 2.3 RCPCH campaigns on State of Child Health

The UK's Royal College of Paediatrics and Child Health continues to campaign on the state of child health and issued a report last year which was widely publicised. Now it has published a campaigning document with 'scorecards'.

### **Fragmented approach to child health damaging long term health of nation warns Royal College**

Child health is suffering at the hands of a disjointed approach from central Government is the warning from the Royal College of Paediatrics and Child Health (RCPCH) as it publishes its "State of Child Health: One year on" scorecard today.

The scorecards for England, Scotland and Wales describe progress against the series of recommendations made a year ago in the RCPCH's landmark State of Child Health report.

The England scorecard reveals progress in some areas including the launch of a Digital Child Health Strategy, the publication of a new Tobacco Control Plan, the initiation of some specialist service reviews in paediatrics and the implementation of the sugar tax. However, there has been no improvement in several fundamental areas, including:



- No plans for an overarching child health strategy
- No junk food advertising ban
- No way of measuring UK breastfeeding prevalence
- No increased investment in child health research

The greatest areas for concern are the deepening public health cuts which have worsened in the last year and are disproportionately affecting children's services. The scorecard marks this 'black', quoting latest statistics that show public health spending is over 5% lower in 2017-18 compared with 2013-14.

**Professor Neena Modi, President of the RCPCH, said:**

"The science exists for all to see; invest in the health of children and make a huge difference to their health in later life and hence to their economic productivity. For example, four-fifths of obese children will remain obese as adults and this will result in them losing between 10-20 years of healthy life.

"That's a very frightening statistic and something that Government must get to grips with. It's no wonder the NHS is burgeoning under the weight of ill health. This is time for a long vision for the sake of the nation's wellbeing and prosperity, yet the focus remains short-term and ineffective."

The scorecards reveal that the Scottish and Welsh Governments are making greater strides in enacting policies to improve child health. For example, in Scotland there has been:

- The passing of the Child Poverty (Scotland) Act with defined poverty reduction targets
- A new Mental Health Strategy including a commitment to improve transition to adult services
- An announcement of plans to expand the number of health visitors by an additional 500 by the end of 2018 through the full roll-out of the Family Nurse Partnership programme
- A commitment from Scottish Government to ensure specialist breastfeeding advice and support is delivered to women

**For the full report see**

[https://www.rcpch.ac.uk/system/files/protected/news/RCPCH State of Child Health A4 England R5 INT.pdf](https://www.rcpch.ac.uk/system/files/protected/news/RCPCH%20State%20of%20Child%20Health%20A4%20England%20R5%20INT.pdf)

**And for the 2017 report see** <https://www.rcpch.ac.uk/state-of-child-health>

Please write in with any examples of what action your paediatric association is taking with respect to child health targets.

**Tony Waterston**



## **2.4 On December 10<sup>th</sup> 2017, the Nobel Peace Prize was awarded to the International Campaign to Abolish Nuclear Weapons (ICAN).**

The Nobel Peace Prize 2017 was awarded to International Campaign to Abolish Nuclear Weapons (ICAN) *"for its work to draw attention to the catastrophic humanitarian consequences of any use of nuclear weapons and for its ground-breaking efforts to achieve a treaty-based prohibition of such weapons"*.

Video of the ceremony is available at:

[https://www.nobelprize.org/nobel\\_prizes/peace/laureates/2017/award-video.html](https://www.nobelprize.org/nobel_prizes/peace/laureates/2017/award-video.html)

### **Why is this award relevant to ISSOP and to children?**

To children, because nuclear war represents one of the greatest threats to humanity at the present time – the Bulletin of Atomic Scientists has moved the hands of its Doomsday Clock to two minutes to midnight, the closest since 1953. <https://thebulletin.org/2018-doomsday-clock-statement>. The Scientists consider the risks of nuclear war to be at the highest level in recent years mainly due to the provoking nature of the Trump regime. They also refer to the increasing risks to the population from climate change. See section 3 for more information on ICAN and its links with the medical profession. The award is relevant to ISSOP as we are paediatricians engaged with social issues and social determinants, and the physicians' movement was instrumental in founding ICAN.

**Tony Waterston**

## **2.5. National Meeting of Social Paediatrics in Argentina**

The Social Paediatrics Committee is pleased to invite you to participate in the National Meeting of Social Paediatrics to be held within the framework of the Week of Congresses and National Days 2018 of the Argentine Society of Paediatrics to be held from 23 to 27 April this year. Health and Education are the chosen contexts to go through the hand of prominent specialists invited a thematic crossed by diverse problems whose resolution requires a deep reflection that implies the acquisition of new knowledge that allow to design and build practical and adequate tools for the understanding and the approach of the complex reality that current times imposes on us. For more information: <http://www.sap.org.ar/congresos/344/jornada-nacional-de-pediatria-social.html>

**Raul Mercer**



## 2.6 Building bridges with the Southern Cone

As part of a long history of cooperation between Europe and Latin America, we had the visit of Andrew Clarke (UK) in Argentina and Chile. The idea was to promote the CHFHI initiative in pediatric hospitals in Argentina and strengthen the methodological and evaluation aspects of the Chilean initiative in the Calvo Mackenna Pediatric Hospital. An international seminar to be held in Chile in November on the promotion of rights in health services is also being organized.



Soon we will share more information. Thanks Andrew for your continued support!

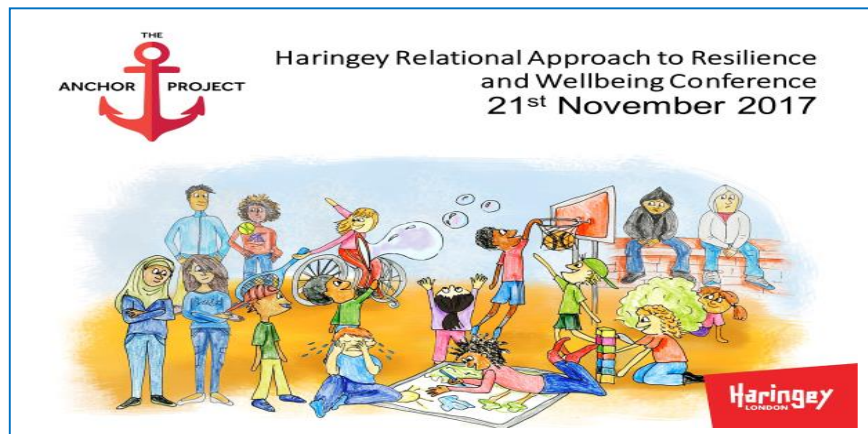
## 2.7 Haringey Relational approach to Resilience and Wellbeing Conference

**Dr Anna Battersby**, Trainee Group Representative recently presented at the Haringey Relational approach to Resilience and Wellbeing Conference. This event brought together stakeholders from education, health services, children's services & the third sector to consider the latest research around attachment, trauma and relational approaches to resilience.



Participants learned about trainings, tools and resources available to support families in building strong attachment relationships, promote child wellbeing and healthy child development. The program also focused on how to work more effectively with children who challenge adults and systems.

Dr. Larry Brendtro, the keynote speaker, is an internationally renowned american psychologist and educator, who provided an overview of the research underpinning the work. He is co-developer of the Circle of Courage model based on the book, 'Reclaiming Youth at Risk'. The Haringey Relational Approach to Resilience builds upon Dr. Brendtro's work by putting emotional wellbeing and resilience at centre of every child's personal development and education. Dr. Battersby, under the guidance of Geraldine Butler and Ceri May of the public health department in the London borough of Haringey, has been working in the "Healthy Child Programme". Through this program she has contributed to the development of training tools for health professionals working with pre-school children and their families in a project named "Team Talk". The overall goal of Team Talk is to support parents to give their child the stimulatory environment required to reach their neuro-developmental potential.



Specific objectives are:

- (1) To increase the information given to new parents about development of their child's motor, speech, language and social skills, and healthy attachment relationships
- (2) Give specific advice to parents that is practical and meaningful
- (3) Provide consistent advice that is reinforced across sectors and disciplines

The project has helped to embed into practice, that it is the health professional's duty to stress the importance of nurturing relationships in a child's healthy neurodevelopment and emotional wellbeing.

For more info you may visit <http://www.haringey.gov.uk/anchor-project>

### 3. International organisations

#### 3.1 International Campaign for the Abolition of Nuclear Weapons (ICAN)

ICAN [www.ican.org](http://www.ican.org) was founded by members International Physicians for the Prevention of Nuclear War ([www.ippnw.org](http://www.ippnw.org) -itself a Nobel Peace Prize winner) in 2007. I remember attending the IPPNW meeting when Ron McCoy the President announced the intention of setting up an organisation which would promote the abolition of nuclear weapons. Why this approach when there are already UN disarmament negotiations in progress? The rationale is because no progress is being made at the UN and the nuclear powers are dragging their feet. Whilst there has been a reduction in warheads held by the great powers, new weapons development is underway and the risk of proliferation is paramount.



It was felt that an approach to abolition based on the humanitarian case and similar to the approach used in the banning of landmines and cluster bombs (not initially supported by landmine manufacturing states) would be more likely to succeed.



The majority of countries in the world agreed and a resolution was passed at the UN in 2016 which led to the treaty to abolish nuclear weapons, passed by an overwhelming majority of the world's nations in July 2017. So far the nuclear states have refused to back the treaty, but with pressure from other countries and their own population this will change.

ICAN is a broad, inclusive campaign, focused on mobilizing civil society around the world to support the specific objective of negotiating a global nuclear weapon ban treaty. The ICAN international structure consists of **partner organizations**, an international steering group and an international staff team.

**Tony Waterston**

### 3.2 Chilean President, Michelle Bachelet to Chair Partnership for Maternal Newborn and Child Health Board (PMNCH)

H.E. Ms Michelle Bachelet Jeria, President of the Republic of Chile has accepted the role as our new Board Chair.

Ms Bachelet is a long-time advocate for the rights of women and children in Latin America and holds a Medical Degree with a specialization in Surgery, Paediatrics and Public Health. She became Chile's first female president in 2006 following a term as Health Minister, where she laid the foundation for an overhaul of the Chilean healthcare system.



Throughout her two tenures as president (2006 and 2013), she prioritized women's and children's issues and

was a champion for protecting the most vulnerable. President Bachelet will conclude her presidential term in Chile in March 2018, after which she will take on this voluntary role for PMNCH, among other activities.

Helga Fogstad, Director, PMNCH said, "This is a major honour for PMNCH and the first time a sitting president has joined us as Board leader. Ms Bachelet's tireless commitment and unwavering belief in women's, children's and adolescents' right to life, health and equality along with the work she does through her role as Every Woman Every Child High-Level Steering Group co-chair, makes her our ideal choice to continue the important mission of PMNCH. With her at the helm, we will continue to build upon our successes over the years and carry this strong momentum into 2018 and beyond, as we work towards achieving the vision of the Global Strategy for Women's Children's and Adolescents' Health."



Ms Bachelet was the first Executive Director of UN Women in New York (2011-2013)) and is currently a co-chair of the High-Level Steering Group for Every Woman Every Child (EWEC) with United Nations Secretary General António Guterres and H.E. Mr Hailemariam Desalegn, Prime Minister of Ethiopia. This group was appointed by the UN Secretary- General to help provide leadership and inspire

Ambitious action for women's, children's and adolescents' health In support of the Sustainable Development Goals. Ms Bachelet has also been a driving force behind the July 2017 launch of the Latin American regional network of Every Woman Every Child, supported by the Pan American Health Organization (PAHO) and other partners. President Bachelet was in the opening session of the ISSOP conference organized by ISSOP and the Chilean Society of Pediatrics (SOCHIPE), in Santiago, Chile, 2016. <http://www.who.int/pmnch/media/news/2018/statement-michelle-bachelet/en/>

**Raul Mercer**

## 4. Current controversy

### The Road to Health Chart and Health Promotion

The road to health (RTH) chart (parent-held record including a growth chart) was first introduced by David Morley in Nigeria in the late 1950s. The RTH chart has now been adopted in most low-income countries around the world and has been endorsed by WHO and UNICEF, whilst in the UK all parents now carry the Parent Held child health record which includes the WHO growth chart.

The RTH chart was intended to empower parents to monitor their child's growth, to allow them to be partners in their child's health care, and to act as a tool for health promotion.

It is known that parents appreciate carrying the record and make use of the content but it is difficult to evaluate the health promotion content. A US study carried out in 2008

[https://www.researchgate.net/publication/228902878\\_Evaluation\\_of\\_the\\_Use\\_of\\_a\\_Parent-Held\\_Child\\_Health\\_Record\\_by\\_Pregnant\\_Women\\_and\\_Mothers\\_of\\_Young\\_Children](https://www.researchgate.net/publication/228902878_Evaluation_of_the_Use_of_a_Parent-Held_Child_Health_Record_by_Pregnant_Women_and_Mothers_of_Young_Children) showed a high-level of satisfaction and on self-report, stated that parents were 'very likely to stay informed about their child's health'. However, no objective measures were used to study change in behavior.

Recently (18<sup>th</sup> January 2018), a valuable paper from South Africa was reported on CHIFA by Neil Pakenham Walsh together with a commentary:

'This paper finds that health promotion messages were conveyed in 'only' half of consultations and that implementation is therefore 'suboptimal'. It seems to me that health promotion in half of consultations is actually quite good, given that primary health care consultations often last only a minute or two? What do we know about when and how to include health promotion



messages in consultations? Perhaps ideally this should be nearing 100% of consultations, but is this realistic?

**CITATION:** Implementation of the Road-to-Health-Booklet health promotion messages at primary health care facilities, Western Cape Province, South Africa L.M. Du Plessis, H.E. Koornhof, M.L. Marais, R Blaauw South African Journal of Child Health Vol 11, No 4 (2017)

<https://www.ajol.info/index.php/sajchh/article/view/165264>

#### ABSTRACT

**Background.** Age-specific health promotion messages appear in the Road-to-Health booklet (RtHB), an assessment and monitoring tool for child health in South Africa. Healthcare workers should communicate health promotion messages to caregivers at each clinic visit. This investigation was part of a larger RtHB survey.

**Objective.** To assess the implementation of health promotion messages and identify barriers to its successful implementation.

**Methods.** A cross-sectional descriptive study with analytical components was conducted in the Western Cape Province. Knowledge and practices of caregivers and healthcare workers were assessed at 143 randomly selected primary healthcare facilities. Information was obtained through questionnaires, direct observation of consultations and recording of health promotion material in facilities.

**Results.** In total, 2 442 children (0 - 36 months; mean (standard deviation) age 5.10 (6.24) months), 2 481 caregivers and 270 healthcare workers were included. Caregivers' educational level varied, with only 24.3% having completed Grade 12. Healthcare workers had a median of 5 (range 0.5 - 37.0) years' work experience in primary healthcare. All healthcare workers indicated that health promotion messages were important, however, messages were only conveyed in 51% of observed consultations. When it was communicated, health promotion messages were age-appropriate in 97% of cases. Barriers to the implementation of health promotion messages hinged on time and staff constraints, workload and language barriers. Various forms of health promotion material were available in facilities.

**Conclusions.** Suboptimal implementation of the health promotion messages in the RtHB are apparent despite healthcare workers realising the importance of health promotion. Barriers to optimal implementation must be urgently addressed by the National Department of Health and healthcare workers in partnership with caregivers and with support from society to promote child health and care.

**Best wishes, Neil'**

Neil asks important questions about health promotion messages in primary care and I quite agree that messages conveyed in 50% of consultations is actually quite good. However, we also know that information conveyed in a short consultation is not always retained by parents and requires reinforcement. Please write in with your own comments on your experience with the personal child health record as a health promotion tool.

**Tony Waterston**



### 5. CHIFA report

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#### Appointment of CHIFA desk officer

CHIFA has appointed a new desk officer to follow **Dr Abigail Enoch**, in a highly competitive process which was strongly contested by a large field of candidates. The post is part time and the new holder is a postgraduate student in Public Health at the LSHTM: Dr Chineme Charles Nwobu.



Charles hails from Ghana and writes a brief introduction below:

I am currently a post graduate student studying a Masters in Public health for development, a student ambassador for the course and a member of the MARCH (Maternal Adolescent Reproductive and Child Health) centre all at the London School of Hygiene and Tropical Medicine. I am also studying part time International development at the University of Cambridge. By profession I am Medical Practitioner in clinical practice with the experience mostly Maternal Child health, but also work in general practice. Before moving to London, I worked primarily in the Princess Marie Louise Children's Hospital in Accra and Trust Mother and Child Hospital. I am a product of the University of Ghana with a BSc in Medical Sciences and a medical degree MBChB from training in the Korle Bu Teaching Hospital of the University of Ghana Medical School, and also have work experience at the 37 Military UN Level IV Hospital in Accra, Ghana. I also the also serve as a country (Ghana) Medical Director for an international organization called Child Family Health International and NGO involved in global health educational programs, institutional and community projects, support and development in low-middle income countries. I am a global health advocate with diverse experience volunteering and working in the area of public and global health with organisations such as the IFMSA (International Federation of Medical Students Associations) and the Junior Doctors of the (WMA) World Medical Association. Glad to be part of the team. Really looking forward to getting to know you all and working with all of you.

**Chineme Charles Nwobu**

### 6. ISSOP trainee group update

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The primary goal of the ISSOP trainee group for this year is to increase visibility on social media, promote trainee engagement, recruit new trainees to the group and identify the interests and needs of the group. Our membership currently includes undergraduate students, postgraduate students and postgraduate trainees or apprentices in any field which considers itself to have a moral or ethical social responsibility to children. Through this group we would like to provide a platform for trainees to:

- Participate in advocacy efforts as a unified voice;
- Develop a shared database of best practices and upcoming training opportunities; and



- Engage in current ISSOP initiatives and projects with the mentorship of our more experienced members.

We have many exciting plans for 2018! You can find us on Twitter (@ISSOP\_Trainees) or on the ISSOP International Society for Social Paediatrics and Child Health) Facebook page. We would love to hear about your training program, what you are currently working on and how this impacts children and youth. We are also starting to plan for the trainee session at the upcoming ISSOP meeting in Bonn, Germany, please be sure to mark your calendars!

If you are not yet a member or know a trainee who would be interested in joining the group, please email [rita.nathawad@jax.ufl.edu](mailto:rita.nathawad@jax.ufl.edu) so we can get you connected!

## 7. Publications

### 7.1. Call for contributions to the e-bulletin

#### Dear ISSOP members,

As you all know, the ISSOP e-bulletin is a homemade product based on the solidarity contributions of its members. We think that many of you have experiences to share, images, everything you can do to get your voices to the ISSOP community. It is an opportunity that you should take advantage of. It only requires a little time for the preparation of a material and send it to the editorial committee. It is a way to learn all of all. We share a photo of our colleague and friend Ayesha Kadir. It is an image of the work of the Chinese artist Ai Wei Wei. It is titled "life jackets" in memory of all those migrants who are desperately looking for a better life project and who succumb in the attempt.

**Thanks Ayesha!**

