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## **1. Introduction**

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Welcome to Summer 2018 ISSOP e-bulletin – which comes at a time that Europe at least is in the middle of its severest heat wave for decades. It seems highly likely that the rising temperatures are a further sign of the effects of global warming – and should spur us to increased preventive action.

<https://www.theguardian.com/environment/2018/jul/27/extreme-global-weather-climate-change-michael-mann?utm>

In this issue we once again publicise the ISSOP congress in Bonn at the end of September, hope to see many of you there. For those coming from Europe, please consider using the train – your contribution to avoiding catastrophic climate change. In the controversy section we analyse the recent fracas at WHO when the US voted down a resolution promoting breastfeeding – yes, that statement is absolutely true. And look out for Anthony Costello's latest podcast on social activism in health. Enjoy the rest of the summer and we think of the recent victims of the terrible fires in Greece, California, Sweden, and of those caring for the survivors.

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



## 1.1. Editorial

The past month has proven the important global role ISSOP has to play in responding to the critical issues impacting children and families. Our response to the separation of children from families at the US border, attempts by the US to “kidnap” the breast feeding statement at the World Health Assembly, and our upcoming statement on conflicts-of-interest related to pediatric societies and formula companies—are a few examples.

*If we are to continue to expand this role, we will need to reconceptualize our structure and function to move from a primarily representative organization of “social pediatricians,” to one that engages broad coalitions of organizations and individuals to advance the transdisciplinary practice of “Social Pediatrics”.*

We are already moving along this continuum with the development of MOUs with multi-disciplinary organizations, engagement of diverse professional organizations with our recent Budapest Declaration and policy statements, the participation of more than 20 organizations with our implementation plan for the Declaration, our deepening relationship with IPSCAN and IPA, participation in their and other international organizations’ meetings and conferences, and the interdisciplinary collaboration happening in the planning and implementation of our Bonn conference related to early intervention for vulnerable children.

Toward this end, it will be increasingly important for members of ISSOP to reach out to regional and national organizations to help establish these informal and formal relationships. Collaboration with them can take many forms, and will evolve in the future as ISSOP evolves in response to the diverse global needs of children and families.

*This does not mean that we should or will lose our identity as an organization of social pediatricians grounded in social pediatrics.* Partnership and collaboration will sustain the development of our organization to ensure Social Pediatrics and social pediatricians are increasingly relevant to the global health and well-being of children.

Jeffrey Goldhagen  
ISSOP President-elect





## 2. Meetings and news

### 2.1. ISSOP Annual Congress



<https://www.dgspj.de/issop-2018/>

### 2.2 ISSOP Annual Congress Agenda: More reasons to come

#### Thursday, September 27

08:00 – 09:00 Registration

09:00 – 10:00 Opening Remarks

- Prof. Dr. Ute Thyen, President DGSPJ: *Role of National Organizations in Promoting Social Pediatrics*
- Jeffrey Goldhagen, President ISSOP: *Future of Social Pediatrics*

10:00 – 10:30 Introduction to Program

**Inclusive Early Childhood Development: Global Arenas and Collaborations for Social Pediatrics**

Chair: Nick Spencer

Speaker: Donald Wertlieb

**10:30 – 11:00 Coffee break**

11:00 – 12:30 Plenary 1

**Recent advances in the science and communication of brain development**

Chair: Thea van Zeben & Volker Mall

- *The Science of Brain Development*
- Nathaniel Kendall-Taylor: *The Science of Communicating about Brain Development*

**12:30 – 13:30 Lunch**

13:30 – 15:00 Plenary 2

**NFZH Sponsored-Symposium: Early integrated health and psychosocial services for vulnerable children: Clinical and systems approaches and evidence for quality care [Simultaneous translation available]**

Chair: Ute Thyen & Gulbin Gokcay

- Mitch Blair: *Well child care and preventive services in Europe – themes and insights emerging from analysis of 30 EU country approaches*



- Alison Baum: *Networking, advocacy, participation of families, and policies*
- Ilona Renner: *Early preventive services in Germany – new beginnings and the challenges to cooperate among youth welfare and health services*
- Helia Molina: *Chile Grows with You: A National ECD Systems Model*

### 15:15 – 16:45 Parallel Workshops: Early Intervention Services

- *Establishing integrated medical-behavioral health homes for vulnerable children*  
Speaker: Edward Schor (tbc)
- *Pioneering Early intervention services, training, and research in Mumbai*  
Speaker: Vibha Krishnamurthy
- *Talking about Early Brain Development and Early Intervention Services, Framing and Delivering the Message*  
Speaker: Nathaniel Kendal-Taylor

*17:00-17:30 Coffee break & poster presentation 1*

### 17:30 – 18:45 Free Papers – parallel sessions

*19:30 – 22:00 Reception and Dinner (social program)*

## Friday, September 28

### 08:30-10:00 Plenary 3

#### Global Child Development: Systems and Policy to address ECD of Vulnerable Children

Chair: Fouad M. Fouad & Freia De Bock

- Hiro Yoshikawa: *Global Child Development* (tbc)
- Ramsey Nasir: *Promoting health, development and wellbeing of children on the move within and across borders*
- Bolajoko Olusanya: *Child development, disability and the sustainable development goals*

*10:00-10:30 Coffee break and poster presentation 2*

### 10:30-12:00 Parallel Workshops: Systems and Policy

- *Drawing on NGO experience in camps to inform social pediatric practice*  
Speakers: Ramsey Nasir and Fouad M. Fouad
- *How can we build sustainable systems for community-based interventions for post-traumatic stress symptoms in refugee youth?*  
Speaker: Anna Sarkadi
- *Advocating for public policy. Promoting the Nurturing Care of Young Children in Humanitarian Settings*  
Speaker: Pia Britto (tbc)
- Trainee Workshop
- *Applying developmental science to NGO programming for young children: Scenarios from China and Sierra Leone*  
Speaker: Lang Ma

*12:00 -13:00 Lunch*

### 13:00-14:00 Special lecture: Peace Policy and Child Health

Chair: Tony Waterston & Ute Thyen

- *Healthy development through a peaceful environment – the next generation's need for peace policies*  
Speaker: Franca Brüggem, International Campaign to Abolish Nuclear Weapons (ICAN) and Recipient of the Nobel Peace Prize 2017

### 14:00-15:30 Plenary 4

#### A Child Rights and Equity-based Approach and Measures to Early Child Development: Systems and Policy

Chair: Raul Mercer & Elke Jäger-Roman

Speakers:



- Ziba Vaghri: *The science of Early Child development and child Rights; where do they cross paths?!*
- Adem Arkadas, *ECD-GC7 and Global monitoring of child development measurements*
- Gerison Lansdown: *Child Rights (CRC) and Rights of Children with Disabilities (CRPD)*

### **15:30 – 16:00 Coffee Break**

#### **16:00 – 17:30 Plenary 5a**

##### **Promoting development of children with chronic complex conditions – challenges and solutions**

###### **Wagner Foundation**

Chair: Barbara Rubio & Thorsten Langer

Speakers:

- Rich Antonelli, Boston: *To improve you need to measure – the care integration measurement tool*
- Peter Borusiak, Bremen: *Social Pediatric Centers in Germany*
- Glen Flores, Hartford: *Enhancing participation of vulnerable and marginalized populations*

#### **16:00 – 17:30 Plenary 5b**

##### **The role of schools in integration**

Chair: Harald Bode

- Inge Van Trimpont, Gent, EUSUHM: *The application of ICF in the context of the integration of chronic ill schoolchildren in mainstream education in Flemish school health care*
- Frans Feron, Amsterdam, EUSUHM: *Participation in education from a personalized healthcare perspective: experiences from practice in the Netherlands*
- Vera Musil, Zagreb, EUSUHM: *Education of children with special needs in Croatia*
- Olivier Duperrex, Geneva: *Pvery child in school: challenges and solutions in a French speaking Switzerland*

17:30 -18:30 ISSOP AGM

17:30 – 18:30 EUSUHM AGM

### **19:15 – 23:00 Conference Dinner (social program)**

## **Saturday, September 29**

#### **09:00 – 10:00 Free Papers**

Chair: Mitch Blair & Helmut Hollman

#### **10:00 – 12:30 Expert Panel – A strategic response to improve the development of children**

Chair: Donald Wertlieb

Keynote: Pia Britto (tbc)

- Pia Britto: Senior advisor for UNICEF on Early Childhood Development
- Aaron Emmel: AAP Manager of Global Health Policy (tbc)
- Vibha Krishnamurthy: President, International Association of Developmental Pediatrics, Medical Director – Ummeed Child Development Center
- Lang Ma, MD, PhD: Education Specialist in Early Childhood Development, UNICEF Sierra Leone Country Office
- Helia Molina: Former Chilean Minister of Health
- Bolajoko Olusanya, MBBS, FMCPaed, FRCPCH, PhD: Center for Healthy Start Initiative. Ikoyi, Lagos, Nigeria

#### **12:30 – 13:00 Closing Remarks**

- Prof. Dr. Ute Thyen, President DGSPJ
- Jeffrey Goldhagen, President ISSOP

### **13:00 – 14:00 Lunch**

### **14:00 – 17:00 Sightseeing Citytour Bonn (social program)**



## **2.3 World Forum on Early Care and Education**

**April 8-11, 2019, Macao, China**

Join early childhood professionals and advocates from around the world who will assemble in Macao to engage in work and dialogue to impact the futures of young children and their families. As a UNESCO World Heritage site where East meets West, Macao is the perfect setting for this international gathering.

<https://worldforumfoundation.org/events/>



**Raul Mercer**

## **2.4 Podcast from Tony Costello: how to be a social activist for health**

We have received the following message from Professor Anthony Costello, the recently retired Director of Maternal, Adolescent, Child and Newborn Health at WHO

You'll be fascinated by my latest podcast.

<http://www.anthonycostello.net/podcast/how-to-be-a-social-activist-for-health-an-interview-with-david-sanders/>

David Sanders, an internationally renowned paediatrician and public health researcher, has spent fifty years involved in struggles for health in Zimbabwe, the UK and South Africa. David has always been passionate about participatory socialist democracy as a way to improve health and reduce inequality. In a wide-ranging one hour interview he offers analysis of the causes of the causes of inequality and poor health, and guidance to young social and health activists about how to tackle contemporary challenges for health, the environment, gender and inequality. David remains forceful, passionate and avowedly political in his approach to global health. Worth a listen!

Warm regards,

**Anthony**



## 2.5 Early Intervention

### Why is early identification of developmental delay important?

The value of early identification of children with developmental delays has been well documented. If developmental delays are detected too late, opportunities for early intervention may be lost. Even experienced clinicians have difficulty in the identification of children with mild developmental delays, these children are the most amenable to early intervention. And sometimes paediatricians or family practitioners frequently postpone referring eligible children and their families for early intervention services, should they be available.

If we look at the literature, we can see that 12 to 15% of children have at least one developmental delay. But if we think about **some risk factors especially common in low income settings**, such as **malnutrition, iron deficiency or lack of proper stimulation for development and poverty**; these frequencies may increase. In my previous work place, I was seeing children from low socio-economical level and these families sometimes did not recognise that their children had a developmental delay. In these circumstances, awareness about developmental delays would be very important for us.

In August, a thematic moderated discussion about early identification of developmental delays will begin on CHIFA, our social pediatrics discussion platform. We will ask CHIFA members about their developmental delay management and identification tools. We would like to know what we need when implementing developmental monitoring in **low resource settings**, in low income countries. Most low or middle income countries have policies that include children with developmental disabilities but often disability is **'not a priority'** for programs. There is lack of technical expertise, especially in rural and low resources areas. Data and statistics may not be available and also services may not be inadequate or absent. The focus tends to be on physical disabilities and rarely on other kinds of disabilities. And on the top of all of these, myths and superstitions related to developmental disabilities can exist in rural settings. Stigma and negative attitudes towards developmentally delayed children may also be a problem. We would like to find answers to all these issues.

Here, I would like to also mention the importance of internationally standardized screening or surveillance tools for developmental delay identification. Which tests are we using? What is their validity? Are these test developed according to the risk factors I mentioned above ?

Thank you

**Gonca Yilmaz MD,PhD,  
Developmental Pediatrician.  
Turkey.**



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## **3. International organisations and voices**

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### **3.1. The Aquarius, Trump and the ongoing migrant crisis**

On the night of June 9<sup>th</sup> the Aquarius ship, operated by *Medicins Sans Frontiers* and *SOS Méditerranée*, had rescued 629 migrants that were navigating in overcrowded and sinking rubber dinghies, from the Central Mediterranean waters. All these migrants had left Libya under terrible conditions and were headed towards the Coast of Italy. Nevertheless, the Aquarius was denied permission to dock in the coast of Italy, by its Interior Minister Matteo Salvini, and later on by Malta.

This provoked a major diplomatic conflict and the Aquarius was left stranded in the middle of the Central Mediterranean Sea, overladen with 629 migrants out of which 134 were minors, 123 of them unaccompanied by their families.

It was Spain, with its new Socialist Government, and through Valencia's Mayor, Joan Ribó, who volunteered and welcomed the Aquarius to its harbour. With the aid of two other Italian Coast Guard ships with food and water supplies, the three vessels arrived at Valencia on June 17, after a long eight-day journey.

Around the same time, over 1000 migrants that had parted from Morocco again in unsafe and overcrowded dinghies, had to be rescued by the Spanish Marine Services off the Spanish southern coastline (Alboran).

The migrants from the Aquarius arrived in Spain for a political reason while those coming from Morocco (west Mediterranean route) corresponded to the usual migratory flow, increased at this time of the year by the good weather.

This comes to show that the migratory crises is far from resolving and that we are facing the biggest humanitarian crises of the 21st century. Thousands of migrants and refugees are arriving in Europe through the Mediterranean coast, and there are many more waiting to risk their lives and cross over. The most recent estimates of the likely flow of immigrants (both refugees and economic migrants) seeking to come to Europe from the African continent between now and 2020, mounts up to 60 million.

Not only Europe is affected by the migrant crisis. Many other countries and territories are suffering from exoduses, or have become transit points, smugglers' routes or final destination points for migrants. In the Southeast Asia route, the world has recently witnessed the persecuted Muslim Rohingya fleeing into Bangladesh from the political repression in Myanmar, while poverty and violence in Mexico and Central America has uprooted millions of men women and children who through the Northern Triangle route of Central America and through Mexico try to reach the U.S.A.

At this US-Mexican border, the world has been appalled by the Trump Administration's "zero tolerance" policy, where over 2,300 children have been separated from their parents during the months of May and June, in view of deterring further immigrants from attempting to cross the border. It is the hope of many, that the diplomatic conflict brought up by the Aquarius, will bring the European leaders together and come up with an agreement that may content both sides.



Likewise, the strong opposition and condemnation by multiple national and international organizations against Trump's family separation policy, that has obliged him to issue an executive order putting an end to it, brings some hope for the development of policies that are more supportive of immigrant children and their families.

Without doubt, many valiant attempts are being made to relieve the suffering of migrants, but are these activities addressing the root causes of the unfolding tragedy? Many organizations and humanitarian projects have worked hard to improve the health and well-being of children and their families. Many aid funds have been poured into lower income and undeveloped countries hoping that this would deter migrants from leaving their homes, and that poverty and violence would gradually disappear.

Unfortunately, this has not happened. As advocated by others, it is not just cash, but other elements such as good governance, absence of intertribal violence, the rule of law, development that brings higher employment and higher standards of living for all, as well as the respect for human rights that are also needed.

There are solutions out there, and terms that can be agreed on, but they require enlightened support at every level, and not the closing of borders. It is willingness from all parts, it is solidarity, it is empathy and generosity, it is respect for human rights that is needed to find those solutions.

**Barbara Rubio**  
**ISSOP General Secretary**  
**Madrid, Spain**



## 4. Current controversy

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### 4.1 Breast feeding and infant formula marketing again

Earlier this month, CHIFA members were alerted to a report in the New York Times which made us sit up in amazement.

*'A resolution to encourage breast-feeding was expected to be approved quickly and easily by the hundreds of government delegates who gathered this spring in Geneva for the United Nations-affiliated World Health Assembly.*

*Based on decades of research, the resolution says that mother's milk is healthiest for children and countries should strive to limit the inaccurate or misleading marketing of breast milk substitutes.*

*Then the United States delegation, embracing the interests of infant formula manufacturers, upended the deliberations. American officials sought to water down the resolution by removing language that called on governments to "protect, promote and support breast-feeding" and another passage that called on policymakers to restrict the promotion of food products that many experts say can have deleterious effects on young children.*

*When that failed, they turned to threats, according to diplomats and government officials who took part in the discussions. Ecuador, which had planned to introduce the measure, was the first to find itself in the cross hairs. The Americans were blunt: If Ecuador refused to drop the resolution, Washington would unleash punishing trade measures and withdraw crucial military aid. The Ecuadorean government quickly acquiesced...*

*Health advocates scrambled to find another sponsor for the resolution, but at least a dozen countries, most of them poor nations in Africa and Latin America, backed off, citing fears of retaliation, according to officials from Uruguay, Mexico and the United States.'*

*"We were astonished, appalled and also saddened," said Patti Rundall, the policy director of the British advocacy group Baby Milk Action, who has attended meetings of the assembly, the decision-making body of the World Health Organization, since the late 1980s...*

<https://mobile.nytimes.com/2018/07/08/health/world-health-breastfeeding-ecuador-trump.html>

## The Response

Many supporters of breast feeding round the world came out in condemnation of the US actions and here is the press release issued by **ISSOP Statement on America's Opposition to the International Resolution in Support of Breastmilk Feeding**

**The International Society of Social Pediatrics and Child Health (ISSOP)**, in concert with collaborating national and international societies of pediatrics ([www.ISSOP.org](http://www.ISSOP.org)), condemns in the most robust terms possible American officials' attempts at the World Health Assembly to stop global collaboration to protect, promote and support breast milk feeding. Breast milk feeding is recognized as among the most effective health promoting measures to advance infant and child health. (<https://www.issop.org/2008/02/01/essop-position-statement-2/>)



In combination with the separation of children from their parents at the US border with Mexico

(<https://www.issop.org/2018/06/26/issop-response-us-governments-separation-families-violation-child-human-rights/>), these policies represent a reprehensible global assault on the health and well-being of infants and children. We call on all public and private sector individuals and organizations to register their concerns with their governments and with the U.S. Government; and for the dismissal of US policy makers connected with these decisions.



We also call on all national and international pediatric organizations and stakeholders in infant health and well-being to review and renew their support for the International Code on Marketing of Breast Milk Substitutes; as well as their policies related to receiving support from formula companies—that inevitably create serious conflicts of interest.

(<https://www.issop.org/2014/04/24/issop-position-statement-4/>)

**ISSOP** is an interdisciplinary, non-governmental, non-profit making, professional organizational open to all child health professionals. The purpose of the organization is to advance knowledge of social paediatrics and children's rights, stimulate research, disseminate knowledge, translate knowledge into practice, and work with its members and national and international agencies and organizations to advocate for the global health and well-being of children. Social Pediatrics is a holistic, interdisciplinary, child-rights-based approach to child health. It considers the health of the child within the context of their society, environment, school, and family. Social paediatrics integrates the physical, mental, and social dimensions of child health and development to fulfil children's rights to optimal health and quality of life.

**Jeffrey Goldhagen, M.D., [Jeffrey.Goldhagen@jax.ufl.edu](mailto:Jeffrey.Goldhagen@jax.ufl.edu), 1.904.237.9475 (US)**  
**Nicholas Spencer, M.D., [N.J.Spencer@warwick.ac.uk](mailto:N.J.Spencer@warwick.ac.uk), +44.7542.961640 (Europe)**

**In view of the international condemnation for the US action at WHO, readers may enjoy the following You tube of a popular US TV programme entitled 'The US threatens Ecuador.. over Breastfeeding?'**

<https://youtu.be/53A5dFrwTj0>



But seriously, this incident reflects the global power of the Baby food industry and the need for all of us to push for the implementation of the International Code of Practice on the Marketing of Breastmilk Substitutes into national law, and for the acceptance by national paediatric societies that conflict of interest is created by the acceptance of sponsorship funding from the Baby food industry.

**Tony Waterston**



## 4.2 Malnutrition, poverty and unnecessary hurdles: the variety of reasons why women in the US make the “choice” to not breastfeed.

The New York Times article outlining the decision by the United States Delegation to align with formula companies in opposition of a breastfeeding resolution at the United Nations affiliated World Health Assembly prompted a Presidential response. (<https://www.nytimes.com/2018/07/08/health/world-health-breastfeeding-ecuador-trump.html>). He tweeted “The US strongly supports breast feeding but we don’t believe women should be denied access to formula. Many women need this option because of malnutrition and poverty.”

Indeed. Surely the irony of this statement is lost on no one. In a country with a gross domestic product of over 18 trillion dollars, how can malnutrition and poverty figure into a conversation about breastfeeding unless inequity exists on a massive and unethical scale?



A Health and Human Services representative stated in an email response to the New York Times that “The resolution as originally drafted placed **unnecessary hurdles** for mothers seeking to provide nutrition to their children. We recognize not all women are able to breast-feed for a **variety of reasons**. These women should have the **choice** and access to alternatives for the health of their babies, and not be stigmatized for the ways in which they are able to do so.” (emphasis added)

We all agree that women should not be stigmatized, but what are the “unnecessary hurdles” and “variety of reasons” mentioned that limit women’s “choice”? The women and children I care for may answer this question. Returning to a low paying fast food restaurant job eight weeks postpartum as a single mother without paid maternity leave does not afford a “choice” in the matter of breastfeeding. Women in these positions are already in fear of losing their jobs due to taking time off to deliver. An additional request to take breaks for breastfeeding is not always an option and often adequate facilities to pump are not present. Many women in academic and professional settings have reported having to pump in the bathroom on breaks as proper dedicated pumping space was not available to them. How much more at risk is the position of a woman working at a minimum wage job?

Therefore, the “choice” to turn to formula is a clear one for many women in the United States. The United States has no paid maternity leave. Poverty and malnutrition exist because of inequity. So yes, there are unnecessary hurdles. There are a variety of reasons why women cannot breastfeed. But we should be clear about one thing: this is not always about choice.



As the joint comment to the editor of the New York Times from the presidents of the American Academy of Pediatrics and American College of Obstetrics and Gynecology stated, “Helping mothers to breast-feed takes a multifaceted approach, including advancing public policies like paid family leave, access to quality child care, break time and a location other than a bathroom for expressing milk.”

They are referencing the 2010 Affordable Care Act amendment to the Fair Labor Standards Act of 1938 that requires employers to provide a nursing mother “reasonable break time” to express breast milk for one year after the birth of her child. Employers are required to provide “a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public” to express milk. The law does not require this time be compensated, and the amendment has a modifier attached: “if these requirements impose undue hardship, an employer that employs fewer than 50 employees is not subject to these requirements.” <https://www.dol.gov/wb/maps/>

This is what the law in the US affords women who are already breastfeeding: unpaid break times in a place other than a bathroom, unless it interrupts workflow. To women who have had a baby: no maternity leave. I’ll leave the inferences about poverty, malnutrition, unnecessary hurdles, a variety of reasons and choice to the discerning reader.

**Sherry Shenoda, MD FAAP**  
**The Children's Clinic, Long Beach CA**

## **5. CHIFA report**

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### **Becoming a Support Organization of CHIFA**

Have you ever considered your organization being a Supporting Organization (SO) of CHIFA?

Recently, the leading regional body of Paediatricians from Africa, the *Union of National African Paediatric Societies and Associations (UNAPSA)* made up of national paediatric associations from countries in Africa joined CHIFA, expanding CHIFA’s involvement with the global south. CHIFA currently has about twenty Supporting Organisations worldwide committed to the CHIFA vision: A world where every child, every parent and every health worker has access to the health information they need to protect their own health and the health of children for whom they are responsible.

Becoming a CHIFA Supporting Organisation is an opportunity for your organisation to show its support for child health rights and the need for increased access to healthcare information, by for instance:

- Helping CHIFA to grow its membership
- Contributing to the CHIFA community (e.g., discussing your organisation's activities on the CHIFA forum, sponsoring a CHIFA discussion on a theme of your choice, etc.)



- Providing technical and/or financial support

There are many benefits to being a CHIFA Supporting Organisation, including:

- Increased visibility for your organisation and its activities
- Opportunities to collaborate with other CHIFA Supporting Organisations around the world
- Having your logo on the CHIFA website

CHIFA supporting organisations are under no obligation to provide financial support, but those that do are publicly acknowledged on the CHIFA website (including display of logo on main CHIFA web page); CHIFA publications, presentations and promotional materials; and on the footer of **every** CHIFA forum message.

To become a CHIFA Supporting Organisation, you would just need to fill in a short application form found here: <http://www.hifa.org/support/how-you-can-help>. If you would like to have more information or if you have any questions, please feel free to email [Charles@hifa.org](mailto:Charles@hifa.org)

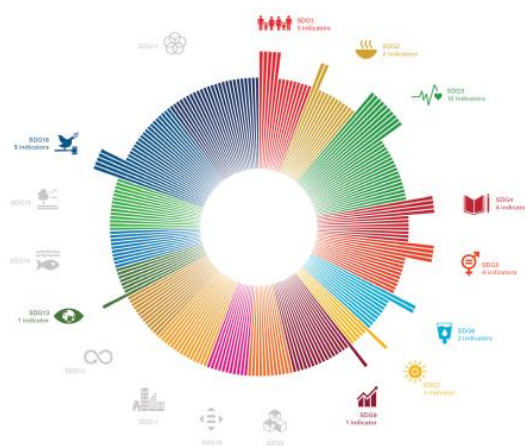
**Charles Nwobu, CHIFA Desk Officer**

## 6. Publications

### 6.1 SDG for Children: want to know where we are at?

Just want to share this fantastic website that follows the progress on the Sustainable Development Goals, including country profiles and a very inspiring Briefing notes. Briefing notes on SDG global indicators related to children [Internet]. UNICEF DATA. 2018.

Available at : <http://data.unicef.org/resources/sdg-global-indicators-related-to-children/>



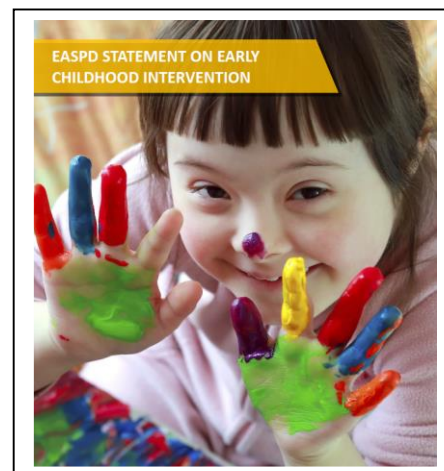
<http://data.unicef.org/resources/category/sdg/>

**Olivier Duperrex**



## 6.2 EASP Statement on Early Childhood Intervention (ECI)

EASP is the European Association of Service Providers for Persons with Disabilities (PWD) and represents over 12,000 support services for persons with disabilities in Europe. This publication provides relevant insights from the health care provider's perspectives and includes the following themes: The Rights of the Child, The Human Rights Model to Provide Support, Development of the Child Through Community-Based Services, Objectives of ECI Services, Developing Successful ECI Services and Concluding Remarks.



[http://www.easpd.eu/sites/default/files/sites/default/files/Policy/Education/easpd\\_statement\\_on\\_early\\_childhood\\_intervention.pdf](http://www.easpd.eu/sites/default/files/sites/default/files/Policy/Education/easpd_statement_on_early_childhood_intervention.pdf)

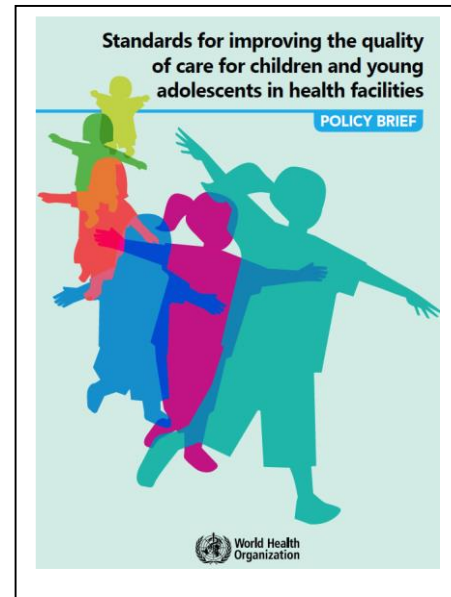
Raul Mercer

## 6.3 New WHO Standards for improving the quality of healthcare for children and adolescents (Trevor Duke)

'In the last 25 years there has been an increasing recognition of the importance of quality of health services as a public health issue. Quality in healthcare is now represented in national policies, and demanded by health boards and consumers alike. The drive for quality began with the recognition that hospital-acquired adverse events were frequent, costly and often deadly in high-income countries. Since 2000, in many low-income and middle-income countries, assessments have shown that there was much scope for improving quality in many aspects of paediatric care, especially in district-level and provincial-level hospitals, and experience has grown in how to do this...'

The full text appears here:

<http://adc.bmj.com/content/archdischild/early/2018/05/18/archdischild-2018-315423.full.pdf> The new WHO publication standards are freely available here (WHO now has a free-access policy in recognition of the importance of access to healthcare information: [http://www.who.int/maternal\\_child\\_adolescent/documents/child-quality-standards-policy-brief.pdf](http://www.who.int/maternal_child_adolescent/documents/child-quality-standards-policy-brief.pdf)





## **7. ISSOP Trainee Group Report**

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The International Society of Social Paediatrics (ISSOP) trainee group aims to bring professionals in training who work within a wide range of child health sectors, including social care, community child health and acute paediatrics from around the world together and provide a platform for learning, sharing and collaboration. The trainee group was developed to support trainees to become future leaders capable of making real changes for the world's children. ISSOP gives trainees the opportunity to network and to contribute to international advocacy projects and position statements on the issues faced by children around the world. Trainees also have the opportunity to present their research and projects at the society's annual international conference, and therefore reach a wider audience beyond their local and national institutions.

We are currently preparing for our Trainee Workshop at the annual ISSOP conference in Bonn, Germany! The workshop will be held on Friday September 28, 2018 from 10:30 AM to 12:00 PM. Please pass the message on to any trainees attending the conference. We are excited to expand our group and develop plans for future work. The workshop will focus on ways to develop effective child advocacy skills with a link to the use of social media, building healthy mentor/mentee relationships and a discussion about the needs of pediatric trainees in ISSOP member countries.

We are also excited to announce the launch of the ISSOP Mentorship Program. This program aims to link experienced members with trainee members (active ISSOP membership required), of any discipline working in child health, to create a unique networking opportunity for both groups, to increase engagement of trainee members and to provide trainees with career mentorship in social paediatrics. We are currently seeking mentors willing to make a 2 year commitment to provide one-on-one mentorship to junior ISSOP members. During this time we would ask that you schedule a call once every 3 months with your mentee, participate in a yearly mentor group call, provide suggestions for program improvement and participate in ongoing list serve discussion on education topics.

For further information about the ISSOP Trainee Group or the Mentorship Program please contact Anna Battersby ([a.battersby@nhs.net](mailto:a.battersby@nhs.net)) or Rita Nathawad ([rita.nathawad@jax.ufl.edu](mailto:rita.nathawad@jax.ufl.edu)).

You can also follow us on twitter @ISSOP\_Trainees to keep up with our activities.

We look forward to hearing from you!

**Rita Nathawad and Anna Battersby**