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1. Introduction

This is the last e-bulletin before the ISSOP Global Congress on 25-28 September. Please register now to book your place so that the organisers can plan ahead. This is a highly complicated meeting to prepare for and the programme (see below) is exceptional. And it will be an amazing experience to visit the beautiful country of Lebanon and to meet so many participants in the struggle to end violence and conflict in the world.

Please also note the very important meeting to be held in Colombia earlier in September (12th-14th, see 2.2 below) on migration and violence. I had no idea that

‘Colombia is the main recipient of the nearly 2.3 million Venezuelans who had left their country only between 2017 and 2018’. I note particularly the video on the ‘voice of migrant children’ and hope that we shall all be able to hear this voice; and also the session ‘Building a nonviolent society with and from childhood’ which is a topic we should all consider when in Beirut.

See also the publications in section 7 on ‘Making non-violent childhoods a reality’ and ‘Schools briefing on teaching without violence’. And we have good news in 8.3 on progress towards ending corporal punishment in the home.

In contrast, read ISSOP’s response in 3.1 to the US Government’s callous abuse of children and violation of children’s rights.

Our current controversy this month is on ‘No fly international meetings.’ As the real impact of global heating becomes more and more obvious with the serious heat waves in Europe and other parts of the world, we all have to consider – are we part of the problem, or part of the solution? The current growth of air flights makes them a major contributor to carbon emissions and we all have a responsibility to consider our own role and whether and how we can cut back on international flights. Next year’s ISSOP Congress will attempt to provide a practical example of a no fly international meeting.

Enjoy the rest of the summer and see you in Beirut!

As always please send your news and reviews to editor@issop.org

Tony Waterston, Raul Mercer, Rita Nathawad, Gonca Yilmaz, Natalya Ustinova



2. Meetings and news

2.1 Invitation to participate

International Society for Social Pediatrics & Child Health

Dear colleagues and friends,

We are writing to urge you to attend the ISSOP annual meeting in Beirut (September 25-28) on the **Impact of Armed Conflict on Children**.

The conference will inform us of the realities facing children exposed globally to armed conflict and its impact on their physical and mental health. But most importantly—*it will provide a forum for defining how we as pediatricians, child health professionals and child advocates can respond personally and professionally*. The conference will launch a concerted and sustained global movement to do so—in collaboration with global organizations on the front line of this work.

Just being there as a pediatrician and child health professional will make a statement—to our professional societies, national governments, global organizations, and most importantly to children and families—that we care and are committed to respond in whatever ways we can. There are few other professions that have the respect and trust imbued in us as child advocates. And no others that can bear witness as we can to the impact of violence and armed conflict on children.

For some among us, our countries are perpetrators in the carnage being inflicted on children in many places in the world. For others, our children and families are the victims. But for all, we are complicit unless our voices are heard, and our actions felt in response.

It is critically important that you attend. And, that you ensure colleagues and members from your professional societies accompany you.

On the website below, please find the Program and Flyer for the meeting. As you can see, multiple global organizations will be present—we need you there as well.

Please register at: <https://partnershipforchildhealth.org/issop-registration/>

If you cannot attend, we will look forward to your involvement in our response.

Thank-you for what you do every day for children and families, and for your expertise and leadership in fulfilling the rights of children to optimal health and well-being.

With warmest regards,

Jeff Goldhagen, M.D., MPH, FAAP
President, International Society for Social Pediatrics and Child Health
Professor and Chief, Division of Community and Societal Pediatrics
University of Florida College of Medicine—Jacksonville
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2.2. ISSOP Conference and Programme

International Society for Social Pediatrics & Child Health

2019 Annual Meeting

Open to ALL professionals committed to the rights, health and wellbeing of children in armed conflict

Children in Armed Conflict: Rights, Health and Well-being

In collaboration with

The American University of Beirut, The Lebanese Pediatric Society, The International Pediatric Association and The International Society for the Prevention of Child Abuse and Neglect

PRE-CONFERENCE: WEDNESDAY, SEPTEMBER 25TH

VENUE: ST JOSEPH UNIVERSITY, FACULTY OF MEDICINE

Child Protection and Promotion in Armed Conflicts: Every child - All children!

08:00-09:00 Registration

09:00-09:30 Opening Ceremony

09:30–10:15 Morning Sessions

Plenary

- ISPCAN and the WHO INSPIRE strategies: The example of Child Protection Teams in Lebanon and the Arab region within the UN Global Partnership to #EndViolence
Speaker: Bernard **Gerbaka**
- ISSOP and the Position Statement on Ending Violence against Children: What can Paediatricians do? Speaker: **Shanti Raman**

Capacity building for multidisciplinary child protection teams in conflict zones

- From case-management to policies; Tertiary Prevention, emergent protection and CPT intervention Speakers: **Mariane Majdalani, Pamela Zgheib, and Miryam Amm-AbiGhosn**

Strategies of Child Protection within the SDGs

- WHO INSPIRE adapted to children in armed conflict
Speakers: **Samar Tawm, Alissar Rady, Serop Ohanian, and Howard Karaghueusian**

14:00-18:00: Afternoon Sessions

- Tools for psychosocial assessment of children exposed to conflict Speakers: **Saleh Al Salehi and Karen Zwi**
- Early identification of children with developmental disabilities Speakers: **Joseph Haddad**
- Clinical assessment of gender-based violence and sexual assault using a trauma-focused lens Speakers: **Barbara Rubio and Shanti Raman**



CONFERENCE DAY 1: THURSDAY, SEPTEMBER 26TH
VENUE: FACULTY OF HEALTH SCIENCES, AUB

08:00-08:45 REGISTRATION

08:45 - 09:30 OPENING REMARKS

- Iman Nuwayhid, M.D., Ph.D., Dean of Faculty of Health Sciences at AUB
- Miguel Abboud, M.D., Chair of Pediatrics, AUB Medical Center
- Jeff Goldhagen M.D., MPH, President of ISSOP

09:30-10:30 KEYNOTE ADDRESSES

Determinants of armed conflict. Can war and its impact on children be prevented? Chair: **Tony Waterston**
Speaker: **His Royal Highness Prince El Hassan bin Talal**

Protecting Children in Conflict Zones

Chair: **Jean Bowyer**

Speaker: **Bill Forbes** (World Vision International. Global Lead, Child Protection and Participation).

10:30-11:00 COFFEE BREAK

THEME 1. Understanding the Effects of Armed Conflict on Children

11:00-11:15 Introductory Keynote: Joop de Jong

11:15-12:30 PLENARY 1 - Physical Health of Children Exposed to Armed Conflict

Chairs: **Margaret Lynch & Raya Saab**

- *Direct and indirect effects of armed violence on children*
Speakers: **Ayesha Kadir**
- *Children with chronic and disabling conditions*
Speaker: **Nahla Ghandour**
- *Care of Children with Cancer in Conflict Zones*
Speaker: **Miguel Abboud**

12:30-13:45 PLENARY 2 - Mental Health of Children Exposed to Armed Conflict

Chair: **Joop de Jong**

- *Prevalence of mental health problems in conflict zones*
Speakers: **Mina Fazel**
- *Strengthening Mental Health Systems*
Speaker: **Rabih El Chammay**
- *Resistance and Resilience* Speaker:
Bernard Gerbaka

13:45-14:45

LUNCH



THEME 2. Child Rights-Based Approach to Ending Violence Against Children

14:45-15:45 PLENARY 3: Child Rights: Principles, Standards and Norms
Chairs: **Gonca Yilmaz & Charles Oberg**

- *Armed Conflict as a Violation of Child Rights*
Speaker: **Gerison Lansdown**
- *GlobalChild* Speaker: **Ziba Vaghri**

15:45 -17:15 PARALLEL SESSIONS

1. *Humanitarian Responses in Conflict Zones: Médecins Sans Frontiers*

Chair: **Ayesha Kadir**

Speakers: **Médecins Sans Frontiers (MSF)**

2. *Psychosocial Assessments: Innovative global tools for health professionals*

Chair: **John Eastwood**

Speakers: **Marit Sijbrandij and Kelly McBride (Save the Children)**

3. *Engaging the Voice of Children: Generating Resilience and Resistance*

Chairs: **Aimee Shalan & Gerison Lansdown**

Speakers: **Youth Peer Educators for Beit Atfal As Somoudi (MAP program in Lebanon –**

Director of Programmes: Dr Ali Dakwar)

17:15-17:30 TEA BREAK

17:30- 18:45 PARALLEL FREE PAPER SESSIONS (ORAL)

Chair: **Gulbin Gokcay**

Featured Speakers:

Salman Mroueh (AUBMC): *The environment and lung health in children.*

Khalid Yunis (AUBMC): *Maternal health and prematurity in conflict settings*

CONFERENCE DAY 2: FRIDAY, SEPTEMBER 27TH

08:00-09:15 KEYNOTE ADDRESSES

- ***Personal & Professional Reflections: Living and Practicing Pediatrics in a Conflict Zone***
Chair: **Joseph Haddad**
Speaker: **Motee Ashhab *Palestinian Paediatric Society***
- ***Reducing the Threat of War***
Chair: **Tony Waterston**
Speakers: **Sam Perlo-Freeman (Campaign Against Arms Trade - CAAT)**
Tilman Ruff (International Campaign to Abolish Nuclear Weapons- ICAN)



THEME 3. Conducting Research in Conflict Zones: Challenges, Methods and Ethics

09:15-09:30 **Introductory Keynote: Elif N. Özmert**

09:30-11:00: PLENARY 4: Research in Conflict Zones Chair: Nick Spencer

1. *Ethics of research: Involving youth, families, the community & community researchers.* Speaker: **Anna Chiumento**
2. *Selection of research methods: RCTs, quasi-experiments, prevalence studies, mixed methods (quantitative and qualitative), systematic and narrative reviews.* Speaker: **Dr Usman Hamdani (HDR Foundation)**
3. *Challenges and barriers: Access/identifying respondents & populations/consent (issues of fear of speaking out) & safety of researchers.* Speaker: **Fouad M. Fouad**

11:00-11:30 **COFFEE BREAK**

11:30-13:00 **PARALLEL SESSIONS**

1. *Research Methods in Conflict Zones*

Chair: **Karen Zwi**

Speakers: **May Aoun:** EASE an RCT in progress funded by War Child
Trudy Mooren: Multi-Family approach and Education:

2. *Pilot Study in Yemen. Save the Children*

Chair: Stella

Tsitoura

Speakers:

- **Kelly McBride** - Understanding direct impact and coping mechanisms of children to inform MHPSS program interventions
- **Andrew Clarke** –Development and evaluation process of a crisis modifier framework in southern Yemen

3. *Identifying Torture and Abuse Among Children in Conflict Zones (Part 1)*

Chair: **Jeff Goldhagen**

Speaker: **Colleen Kivlahan**

4. *Public Health Response in Conflict Zones*

Chairs: **Shanti Raman & Fouad M. Fouad**

- *Vaccine Delivery Programs and Vaccination Hesitancy in Conflict Zones*
Speakers: **Naveen Thacker** (IPA)
- *Dealing with infectious diseases epidemics in humanitarian settings*
Speaker: **Daniel Martinez** (MSF)
- *Responding to Reproductive, Maternal, Newborn, Child & Adolescent Health and nutrition in humanitarian settings.*
Speaker: **Egmond Evers** (WHO)

13:00-14:00 **LUNCH**



THEME 4. Systems, Education and Advocacy

14:00-14:15 **Introductory Keynote: Margaret Lynch**

14:15-16:00 **PLENARY 5: International Advocacy**

Chair: **Nick Spencer**

- *The role of UN agencies and NGOs: Panel Discussion*
 - MAP: **Aimee Shalan**
 - MSF: **Florencia Romero**
 - Save the Children: **Kelly McBride/Andrew Clarke**
 - World Vision International: **Bill Forbes/Amanda Rives**
 - UNICEF: TBA
 - UNHCR: TBA
 - WHO: TBA

- *The Role of international Pediatric Organizations. Panel Discussion*
 - IPA: **Joseph Haddad & Naveen Thacker**
 - AAP: **Colleen Kraft**
 - RCPCH: **Russell Viner**
 - ISSOP: **Jeff Goldhagen**

16:00-17:30 **PARALLEL Sessions**

1. *Why and How Children are still being recruited into armed groups and conflict.*

Chair: **Geir Gunnlaugsonn**

Speaker/s: **World Vision International**

2. *Regional Issues from a Public Health Perspective:*

Chairs: **Barbara Rubio & Olivier Duperrex**

- *The Balkans Experience:* **Milivoj Jovancovic**
- *The increase in child and adolescent mariages and child labour amongst Syrian Refugee:* **Huda Zuraik (ex dean of AUB)**
- *Rima Habib from AUB*

3. *Preparing Pediatricians to Respond to Humanitarian Emergencies*

Chair: **Shanti Raman**

Speaker: **Dr Saleh al Salahi**

4. *Identifying Torture and Abuse Among Children in Conflict Zones (Part 2)*

Chair: **Luis Martin**

Speaker: **Colleen Kivlahan**

17:30-19:00 **TEA BREAK + AGM**

19:30 **EVENING – CONFERENCE DINNER**



CONFERENCE DAY 3: SATURDAY, SEPTEMBER 28TH

**08:00-09:00 PARALLEL FREE PAPER
SESSIONS** Chair: Anna
Battersby

09:00-10:00 KEYNOTE ADDRESS

Mental Health and the War on Children

Chair: **Joop de Jong**

Speaker: **Theresa Betancourt**

10:00-10:30 COFFEE BREAK

THEME 5. Engaging Pediatricians in the Global Response to the Impact of Violence and Armed Conflict on Children

10:30-13:00 PLENARY 6
Chair: **Jeff Goldhagen**

Strategic Planning Panel Discussion

- WHO; UNICEF; UNHCR; ISPCAN; World Vision; War Child; AAP; RCPCCH; IPA; UNRWA; MSF; SAVE THE CHILDREN, WHO

13:00-13:30 CLOSING REMARKS

14:00 VISITING TOUR

2.3. IV Colombian Congress of Social Pediatrics: Migrations and violence: realities that leave footprint.

From September 12 to 14, 2019, the 4th Colombian Congress of Social Pediatrics will be held in Cali with two central themes that are two complex realities that impact children and adolescents in Latin America today, particularly in Colombia. Migrations and violence.

Colombia is the main recipient of the nearly 2.3 million Venezuelans who had left their country only between 2017 and 2018, according to IOM calculations, a flow that has continued to increase in 2019. It is estimated that more than 400,000 Venezuelan children and adolescents reside today in Colombia, most of them without having legalized their situation. They are a population exposed to serious violations of their rights and with critical needs for health care.

These migrants arrive from the country with the highest rate of violent deaths in children under 18 in the world, as is Venezuela, the country with the third highest rate in the region, which is Colombia, adding these two serious problems.



Thursday 12: PRECONGRESS EVENT

Pediatrics and institutions for the protection of childhood and adolescence. It includes a visit in the morning to institutions of protection and dialogue with the officials in their charge. In the afternoon there will be a discussion on the subject in which social pediatricians and professionals working in child protection.

Friday the 13th:

- Migrations and migrant children. Maria Claudia Duque
- Migrant children in Colombia, current context. Maria Lucia Mesa
- Migrations and health. David Alejandro Rodríguez
- Sexual and reproductive health of migrant adolescents. Marta Lucía Rubio
- Pediatrics and migrant children Miriam Bastidas and Ernesto Durán
- How Cali responds to migrant children and adolescents. City Hall of Cali

THE VOICE OF MIGRANT CHILDREN: Video presentation by the social pediatrics group of Cali.

FORUM: What is being done and what needs to be done to guarantee their rights to migrant children. Moderator Ernesto Durán

Research and oral presentations and poster of finalist works

Saturday 14:

- Violence and childhood: reflections on the Colombian case. Gabriel Lago
- Impacts of violence on children. Ángela García
- Traces of violence in the mind. Jorge Tamayo
- Building a nonviolent society with and from childhood. Álvaro Posada
- How to approach children victims of violence. Moderator Edward Díaz
- Overcome violence and build families and societies in peace. Modera Melba Franky

Ernesto Duran - Raul Mercer



2.4. Capernaum: a child's view of growing up in Lebanon

(TW) "reading the marvelous review of this new film in the New York Review of Books made me weep."

<https://www.nybooks.com/articles/2019/06/06/capernaum-growing-up-in-hell/>



The opening paragraphs of this moving review tells you about its subject:

There is a lexicon that comes with a particular upbringing and class privilege in the Middle East, and that casts a shadow over your life when you reach a threshold of intellectual maturity or awareness. It's not easy to admit: that what are actually street-children we grew up calling beggars, or that the visa-sponsored Filipino maids were a modern-day form of slaves.

But no matter how aware you become, it's a reality that persists. Class privilege is passed from one generation to the next, in countries living under protracted dictatorships and with varied histories of casting off colonial rule and staking claim to rights and land.

It is in some sense a revolt against these systems and inequalities that drives Nadine Labaki's Cannes Jury Prize-winning film, Capernaum. Centered around the story of a twelve-year-old Lebanese boy, Zain, living in the slums of Beirut, the film borrows its title from the village of Kfar Nahum, on the Sea of Galilee, historically known for its disorder and chaos, but also for its miracles (it was here that Jesus reportedly cured the paralytic).

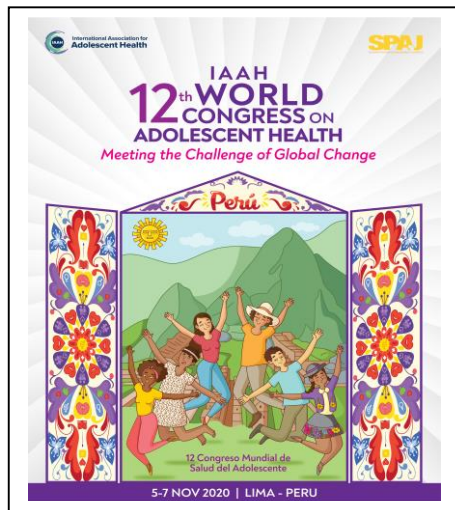
Capernaum gives a human face to conditions that exist outside the geographical purview of the wealthy. The Beirut slum in which the film takes place, with its miles of decrepit and makeshift housing, muddy alleyways, webs of loose overhanging wires, and littered, layered rooftops, looks like parts of Cairo or Mumbai. These are the margins where the undocumented live: refugees, domestic workers who have fled abusive sponsors, poverty-stricken locals. Those who are unable to register their children's births for lack of the necessary fees fall into a no-man's-land and are no longer recognized by the state. The squalor and circumstances are Dickensian, a quality seldom associated with Beirut, even by those who live there.

We see Zain and his friends on the streets playing war games with pretend Kalashnikovs made of scrap wood and metal. Along with the bullet holes and bombed-out buildings, these are the telltale signs of where they are.

Seeing this film could give us an understanding of some of the roots of violence in society and that rectifying inequalities is an essential starting point. I shall try to see Capernaum before coming to Beirut and encourage other readers to do the same.

Tony Waterston

2.5 World Congress on Adolescent Health (Lima, 2020)



Lima, Peru 5-7 November 2020

The International Association for Adolescent Health (IAAH) in partnership with the Peruvian Society for Adolescence and Youth (SPAJ) are excited to announce the 12th IAAH World Congress in Lima, Peru! The IAAH World Congress will explore the depth and breadth of adolescent health and development across the globe. Young people will have input into the planning of this World Congress and will join us for this event. Please mark your calendars, check back with our website, and stay tuned for additional information

<https://iaah.org/events-conferences/iaah-world-congress/>

3. International Organisations

3.1 ISSOP Response to the US government's callous abuse of children and violation of child rights

The International Society for Social Pediatrics & Child health—jointly with other national and international pediatric and child health organizations—calls on the United States to stop the barbaric abuse of children at the US-Mexican border. The separation of children from their parents, the abuse of their human rights, and the disregard for every moral and ethical standard for the treatment of children is an affront to all who respect and value the well-being of children and youth. It reflects a gross disdain on the part of the US for the traumatic impact and irreparable harm these acts will have on their physical, mental and social health—throughout their lives.

Being the only country in the world that has not ratified the CRC does not preclude your responsibility to uphold universally accepted principles, standards and norms for the rights and treatment of children and youth.

It is incumbent on you as a nation and as individuals to:

1. Respond to the violence and poverty that is propelling these children and families to your borders,
2. Recognize the vulnerabilities of these children and respond accordingly,
3. Mobilize the resources required to mitigate the impact of their displacement on every aspect of their lives, and
4. Fulfill your obligations to protect the rights of these children to optimal health and well-being.

As pediatricians and others committed to the health and well-being of children, we urge you to:

Stop the ongoing separation of children from their parents.

Reunify all families immediately.

Recognize and respond to the special needs and rights of children.

Respect the dignity of all children.

We call on all global health professionals and others committed to child well-being to join us and the international community in efforts to stop the State sanctioned abuse of children happening along the Southern US border.



3.2 Global response to violation of migrant children's rights

Many scientific societies from all over the world are responding to the US policy against migrant children. In the current circumstances, the worst thing that could happen to these children is to ignore them, silence them, make them invisible, not recognize them as human subjects, and continue to violate their rights. It is time to stop a shame that offends all humankind.

RM



3.3 Impact of Racism on Child and Adolescent Health

“Through these underpinnings, racism became a socially transmitted disease passed down through generations, leading to the inequities observed in our population today.”

The American Academy of Pediatrics just published a policy statement, [“The Impact of Racism on Child and Adolescent Health.”](#) The authors describe racism as a social determinant of health that has a profound impact on the health status of children, adolescents, emerging adults, and their families. It is a call to action, for pediatricians to begin to systematically address racism at the 3 key levels through which it operates: 1) institutional, 2) personally mediated and 3) internalized.

The article discusses the development of race as a social construct rooted in history and cites data that reveals all humans are 99.9% the same at the level of their genome. Further refuting the concept of race and pointing out that ongoing discussions about disparities across race may in fact reinforce flawed racial categories and inequities.

The authors go on to discuss how as pediatricians we are uniquely positioned to both prevent and mitigate the consequences of racism through our relationships with patients and their families. Some suggested action steps are as follows:

- Examine one’s own biases.
- Ensure clinical settings are culturally sensitive and responsive by training all staff about racism and its impact on health.
- Screen for stressors and mental health impact of racism.
- Advocate for policies and programs that diversify the pediatric workforce.
- Engage community leaders and partners in other youth serving systems to learn about racism and respond and support youth appropriately.
- Ongoing research on the impact of racism on health in order to inform future policy and funding in this area.

Considering a child rights-based approach to child health, this statement is critical to Article 2: The right to non-discrimination. As pediatricians we must be aware of the impact of racism and engage in prevention and mitigations strategies. I encourage you to read this policy statement and send in your comments. How does racism impact child health in your country? What strategies do social pediatricians employ where you are from to address these issues?



4. Current controversy

4.1 No fly international meetings

The following valuable posting was sent out on CHIFA in April by Dr Alison Leaf, a well known neonatologist from Southampton, UK.

Thanks to everyone who has contributed to this debate so far. I would like to support the concept of reducing travel (mostly air) to international conferences. This is a 'habit' which has developed really in the last few decades, and of course it is great to go to foreign countries, meet colleagues, feel the buzz of enthusiasm in an excellent lecture or workshop - BUT, it is extravagant, and avoidable. Modern IT systems allow great distance learning opportunities - groups within a hospital can gather in a lecture or seminar room for live-streaming of a talk from anywhere in the world, questions can be asked on line and answered live to all groups around the world, and perhaps local in-house discussion allows more immediate changes and progress to be made? Also more members of a department can attend, and individual costs are minimal.

The Vermont Oxford Network has been running the 'iNICQ' program for nearly 20 years, with participant neonatal teams from all around the world participating 'live' in quality improvement programs from their individual seminar rooms. All it needs is a decent PC and internet and phone connections. Talks are delivered, questions asked and answered, time allowed for local group to discuss, and then a summary. There is often 'pre-work' so you go to the session prepared with some local data.

Other examples: the UK International Child Health Group held its 2018 Autumn meeting in Liverpool, with a live link to Malawi - enabling speakers from both countries to contribute and learn with minimal travel. There were some IT glitches but these could be easily overcome if this becomes the norm. Several years ago, during the 'ash cloud' incident, Prof Bhutta was scheduled as a guest speaker at the RCPCH conference. His flights were disrupted and he ended up giving the talk by internet from a hotel in Italy! It would be much less time consuming for international experts to speak from their own office, and answer questions live. Perhaps short post-conference Skype discussions could be booked by those with specific interest in the topic as a way of mitigating for the valuable networking achieved at conferences?

I am sure there are ways, and we would get used to the 'new norm'. It would be great to get the big players on board with this - RCPCH, Academic Pediatric Association in the US, ESPR, Perinatal Society of Australia and New Zealand - to name just some who run large annual conferences. It would allow much cheaper registration, greater attendance and could be win-win for people and planet. I look forward to hearing more!

Best wishes,

Alison Leaf

CHIFA profile: Alison Leaf is a Consultant Neonatologist at the University of Southampton in the United Kingdom. Professional interests: Neonatology and Nutrition. a.a.leaf@soton.ac.uk



4.2 What has happened in Turkey for breastfeeding?

Gonca Yilmaz MD, PhD, Turkey

Globally, three out of five children under 6 months of age are not exclusively breastfed and only 45% of children continue breastfeeding for 2 years. If we look at breastfeeding rates in Turkey, even though more awareness-raising on the benefits of breastfeeding was conducted among the public and especially mothers, the rates of exclusive breastfeeding still remain lower than the rate recommended by WHO. A higher percentage of mothers breastfeed in Turkey than in the UK, and on average they also breastfeed for much longer. But Turkish mothers also have a tradition of introducing cows' milk, formula and solid foods before the age recommended by the World Health Organisation (WHO) of six months – a practice that may lead to babies taking less breast milk. I would like to remind you what happened in my country a few years ago. Because remembering this event can be very helpful for taking appropriate actions in the future.

To check what was happening once the children reached six months of age, Numil (Danone, a formula company) enlisted 577 paediatricians to measure mothers' breast milk provision. The doctors used pumps – a method that is absolutely unreliable – or weighed the babies before and after feeding. Their findings, which have not been peer reviewed, showed that mothers were feeding 290ml breast milk per day on average. Danone (formula company) started to announce, 'It should have been over 500ml' adding that the company arrived at the figure by working with the WHO. They claimed in advertisements, articles, seminars to mothers and presentations to investors that the 500ml was a WHO recommendation. In material handed to healthcare professions the firm used the WHO logo. It also claimed that UNICEF supported the campaign.

What was the saddest, The Turkish National Paediatric Association (one of the major paediatric associations in Turkey, with which Danone has previously worked), supported the campaign. 'This is our third year of collaboration' They said. 'Over the years, we have observed that Danone (Numil) has the ultimate aim of increasing breast milk usage for babies.'????

Can you imagine this? All of these things had a ripple effect, and our major paediatric association served to endorse and normalise breastmilk substitutes as the default infant feeding recommendation and practice in Turkey. We tried to condemn all of these as social paediatricians, not to attend to their meetings and pointed out that they were violating the code. We trained other paediatricians that using a set amount for breastmilk was not relevant and it was also very difficult to measure the breastmilk volume accurately. We have written to the association, urging it to drop formula companies from the list of sponsors of their meetings. They are in denial, simply trying to ignore what they are doing. Our fight is ongoing and they are still continuing to collaborate with formula companies. Formula companies are seeing financial benefits as being considered by paediatricians to be more important than the principled issue of protecting, supporting and promoting breastfeeding.

The Guidance on ending inappropriate promotion of foods for infants and young children pertains to foods and drinks marketed for children aged 6–36 months, and includes seven recommendations. The Guidance also states that no complementary foods should be promoted for use before 6 months of age. According to the National implementation of the international code Status Report 2018, a total of 35 countries have full Code provisions covered in law, while 31 have legal measures with many Code provisions in place, and 70 have legal measures incorporating few Code provisions in law. Fifty-eight countries have no legal measures in place.

Turkey has legal measures incorporating few Code provisions. We have a long way to achieve full Code provisions and implement it in our legal system. So many important tasks for us as social pediatricians.

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3. https://www.who.int/nutrition/publications/infantfeeding/code_report2018/en/





5. IPA Report

The ISSOP representative before IPA (Raul Mercer) participates in numerous activities developed by the Group support Subcommittee. Among them are: the participation on the campaigns of World Immunization Week, the World Breastfeeding week, the participation in the nomination of the members of the different support groups and the preparation of the next meeting to be held in Istanbul in November.

ISSOP contributions to IPA's campaigns

**WORLD IMMUNIZATION
WEEK 2019**

Immunizations respond to the best interest of the child. Vaccines allow the right to health, and as such should be guaranteed by families, health systems and States. Ensuring a good coverage of immunizations allows children's "immune equity" and well-being to be achieved.



 

#IPAtrustsVaccines #Vaccines Work

Dr. Raúl Mercer
On behalf of ISSOP

WORLD BREASTFEEDING WEEK 2019
"Empower Parents, Enable Breastfeeding"

- *Breast milk is the ideal nutrient to meet the needs of each child and is best offered exclusively during the first 6 months of life.*
- *It is a natural immunization mechanism.*
- *It is a potent intervention for early mother-child attachment and the promotion of psychosocial development and survival.*
- *It is a cost-effective practice of universal scope.*
- *Banks of human milk, are the only non-profit banks on the planet whose only purpose is to provide "funds" (breast milk) to help others, usually premature babies who lack this valuable capital.*
- *And, above all, breastfeeding is a child's right to be respected, protected and fulfilled.*

Dr. Raúl Mercer

CHIFA Report

Harriet Aughey, a new moderator on the CHIFA forum, sends her report as a trainee in paediatrics:

Since I am currently on parental leave from my role as a UK based paediatric trainee, I found I had a little time on my hands to take on the interesting role of voluntary moderator for CHIFA. I am only a few weeks into the job, but already I have been following a number of fascinating discussion threads. For my fellow paediatric trainee doctors, I believe that CHIFA offers not only educational benefits through the sharing of, and signposting to, sources of information relevant to paediatric care, but also offers inspiration as it is an opportunity to be part of global conversations with fellow healthcare professionals who are involved in caring for children all around the world. For trainees, being a member of CHIFA is a way to broaden our horizons and understand different viewpoints and different medical practices, which in turn may help us to question and improve our own paediatric practice at home. Since doctors in training are the paediatric workforce of the future, it is important that CHIFA continue to attract these doctors to its membership in order to draw them into the global CHIFA conversation.



6. Trainee report

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 still looking forward to hearing your stories and voices! We would love to learn about your training experiences and research, reflections about topics in the e-bulletin or anything else you would like to share with other social pediatric trainees around the world.

For further information about the ISSOP Trainee Group please contact Anna Battersby (a.battersby@nhs.net) or Rita Nathawad (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!

Anna & Rita

7. Publications

7.1 Making non-violent childhood a reality

<https://alliancecpha.org/en/child-protection-online-library/step-step-guide-implementing-convention-rights-child-achieve-end>

The Council of the Baltic Sea States has published a valuable Step by Step guide to implementing the UNCRC to achieve an end to corporal punishment. In their well-titled introduction Changing the World: Making non-violent childhoods a reality, the authors state –

The adoption of a national law that prohibits the corporal punishment of children in all settings, including in the home, is a milestone achievement. It makes a clear statement that corporal punishment is a form of violence against children which is no longer socially acceptable nor legally condoned. Once a prohibition is in place, societies and states have a duty to invest in ensuring its effective implementation. Countries all over the world are confronting this challenge and the goal of ending the corporal punishment of children is now firmly on both national and regional agendas.

The Baltic Sea Region is almost a 'no-corporal-punishment zone' for children as 10 out of the 11 countries in the Region have prohibited corporal punishment in all settings. The guide looks at reforming the law, planning for implementation, training and capacity building, working with parents and children, and awareness raising. For those countries which have not yet introduced a law to ban corporal punishment of children, this guide is a must.

Tony Waterston

7.2 Schools briefing on teaching without violence

The Global Initiative to end all corporal punishment of children has published a Briefing for Schools which is available at

<https://endcorporalpunishment.org/wp-content/uploads/thematic/Schools-briefing-2019.pdf>

The Briefing points out that one in two of school-aged children in the world (732 million) live in a country where corporal punishment at school is not fully prohibited.



Yet hitting school children can inhibit learning, increase mental health problems and contribute to school dropout. Abolishing corporal punishment in schools contributes to creating a non-violent society with an impact on crime, domestic violence and child abuse. The briefing offers strategies, which teachers can use in place of violence, including positive discipline in everyday teaching, the use of empathy in teaching, empowering children and teaching about non-violent conflict resolution.

There is a list of the states where corporal punishment is still lawful. If you practice in one of these countries, perhaps you can introduce the briefing to teachers and the Education Department and encourage them to set up a non-violent schools movement.

Tony Waterston

8. Correspondence

8.1 Reasons to contribute to the ISSOP e-bulletin

Many things that happen in front of us have the character of obviousness or we can naturalize them as part of the landscape. This situation should not happen when we talk about childhood in its different contexts. What is obvious to each one of you is not obvious to the rest of the readers of the e-bulletin. In this sense, the importance of transmitting, sharing and expressing solidarity with the opinions with the audience through readings and analysis that each one of us can make about children in different parts of the planet. In other words, this is an invitation for us to spend a few minutes of our intense lives to write and send a contribution to this collective effort. As you know, this e-bulletin is nourished by reality and nobody better than social pediatricians to understand, feel and transmit it.

Please, ask yourself these simple questions:

- *What happens in my country related to the health of children and their living conditions?*
- *What aspects of health may be of interest to the community of social pediatricians?*
- *What can I share?*

The rest depends on you, take the heroic decision and send a piece of information (letter, abstract, editorial, article, comment) to this space that belongs to all of us. The invitation is taken, now we await for your responses.

Thank you for your attention,

Raul Mercer
E-bulletin Editorial Board Member

8.2 Vaccine hesitancy: letter to BMJ

The following letter in the BMJ was circulated on CHIFA by Neil Pakenham Walsh:

CITATION: Vaccine hesitancy: misinformation on social media BMJ 2019; 366 <https://doi.org/10.1136/bmj.l4457> (Published 03 July 2019) Cite this as: BMJ 2019;366:l4457 Jack J Broadbent, fourth year medical student

'As the number of people hesitant to engage with vaccinations grows, the world seems to be fighting fire with fire, suggesting we ban unvaccinated children from school and make vaccination compulsory. People who oppose vaccination are not ignorant; they have legitimate questions but do not have access to the information they need. They have unlimited access to social media outlets that spread misinformation. Pushing these people away just makes it easier for these outlets to pull them closer.'



8.3 Corporal punishment update

The following letter from Professor Joan Durrant was circulated recently on CHIFA:

Dear Global Information Network Members,

Good News from Scotland

The Scottish Bill has passed the second of three stages, without amendment. You can read the transcript of the session here:

<http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12201&i=110236> The date of the third and final vote is not yet known, but I will notify you when I get that information.

Potentially Good News from France

On July 2, the Senate will vote on a Bill which could, depending on the final wording, prohibit all corporal punishment of children in France. The vote will be held during an 'extraordinary session' called by Prime Minister Edouard Philippe. You can read about the bill and its complexities here: <https://endcorporalpunishment.org/france-une-nouvelle-proposition-de-loi-en-discussions-au-senat/> A key organization working on the campaign in France is *StopVEO/Enfance sans violences*. You can learn about their work here: <http://stopveo.org/>

Progress in Japan

On June 19, the Japanese Diet amended article 14(1) of the Child Abuse Prevention Law 2000 as follows: *"A person who exercises parental authority over a child shall not discipline the child by inflicting corporal punishment upon him/her or by taking other forms of action that go beyond the scope necessary for the care and education of the child, stipulated in the provision of Article 820 of the Civil Code, and shall give due consideration to appropriate exercise of parental authority over the child."*

The problem with this amendment is that it could be interpreted as limiting the prohibition to forms of corporal punishment "that go beyond the scope necessary for the care and education of the child." It also does not prohibit corporal punishment in all settings. Clarification of the amendment is expected soon. You can read more here:

<https://endcorporalpunishment.org/japan-takes-steps-towards-prohibiting-corporal-punishment/>

Movement in Northern Ireland

The Northern Ireland Human Rights Commission and the Commissioner for Children and Young People recently organized an event in Belfast calling for equal protection for children. An animated video was launched at the event to explain the rationale for prohibiting corporal punishment. You can read more and see the video here:

<https://endcorporalpunishment.org/equal-protection-ni/>

Best wishes, Joan