ISSOP e-Bulletin Nº 42
November 2019

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1. Introduction

Coming to the end of the decade

Depending on whom you listen to, 2020 is either the final year of the last decade or the first of the 20s. Whichever way, we are getting deep into the 21st century and entering a tumultuous period when we perhaps have the last chance ever to make a difference in how we damage the environment around us. This means we must do everything possible to influence our governments since they are truly the ones who can show the commitment that is necessary. In this last issue of 2019, we look back at Beirut and forward to Indonesia where we hope a large proportion of our membership will be able to attend virtually. Please have a look at the Declaration of Beirut and make your comments: the draft has been sent out to all members. Please get back to us if you haven't received it. We cover updates on climate change science in 2.3 and examine recent findings on social media and vaccination in 4.1. In 3.1 we look at the latest UNICEF State of the World's children report on Nutrition with a comment by Nick Spencer. In addition, more! You will be shocked by the video in 8.2. The BMJ has invited TW together with Danielle from Doctors for Camp Closure and Colleen Kraft, to write an opinion piece on this incident, which we are in process of now. And the research on Santa Claus worries me. Can we not use his magical influence to increase the vaccination rate through giving injections to children after they have received their present?

Tony Waterston

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

Tony Waterston (UK), Raul Mercer (ARG), Rita Nathawad (US), Gonca Yilmaz (TR), Natalya Ustinova (RU)

1.1. Message from Jeff Goldhagen - President of ISSOP

Climate change represents the single largest threat to children and childhood. As child health professionals, we--perhaps more than any profession, will bear witness to the impact of this crisis on the health and well-being of children—in particular children in low- and middle-income countries. As such, and as duty-bearers with global responsibilities to fulfil the rights of children to optimal survival and development, we have a responsibility to respond immediately to prevent the progression of climate change and mitigate its impact on children.

ISSOP, with our global access to child health professionals committed to social pediatrics and child rights, is preparing to launch a global movement to mobilize our colleagues to help lead the response to the climate crisis. In November 2020, ISSOP—in collaboration with the Indonesian Pediatric Society and IPA, will host a 3-day global meeting to review what we have learned and create a strategy to move forward. We will be establishing hubs globally to ensure the widest possible engagement in the meeting. We will be soliciting people to help implement the hubs.

We have a duty to educate and inform the public on the urgency of the climate crisis, and to pressure all governments to act now. In the words of Greta Thunberg, "avoiding climate breakdown will require cathedral thinking. We must lay the foundations while we may not know exactly how to build the ceiling." Will look forward to your involvement and leadership in this important endeavour.

2. Meetings and news

2.1. LEBANON: 70 YEARS LATER. By Oriol Vall (Spain)

INTRODUCTION

Rivers were a powerful geographical determinant for those ancient colonies that settled in the Middle East and Asia Minor, descendants of a *Homo erectus* that left Africa following the path o the east, towards the light of the Sun.

Some of those beings continued to advance, leaving traces of *Homo erectus* in India, Indonesia, and beyond. Others remained alongside the Rivers Nile, Euphrates, Tigris, and Sefid, and over time, communities, cities, offices, and empires emerged. Asurs and Babylonians in Mesopotamia, Egyptians in the Nile Delta, facing the Mediterranean, and Persians, between the Caspian Sea and the Persian Gulf. All relatively close and all competing in wars, sharing stories, building cultures, and combining ethnicities.

The historical stages of the Middle East could be summarised as follows: Canaanites (2000BC), Phoenicians (600BC), Persians (400BC), Hellenics (100BC), Romans (200AD), Byzantines (500AD), Omayyas (700AD), Abbasids (1000AD), Crusaders (1100AD), Ottomans (1600AD), French Mandate (1920), and Independence (1943).

- In 1914, World War I began. One of its consequences was the signing in 1916 of the 'Sykes-Picot Agreements' (names of the diplomats who negotiated on behalf of the United Kingdom and France, respectively). These agreements laid out the allocation of the zones of influence and dominance in the Middle East between the two countries.
- In 1917, the UK government issues the Balfour Declaration

https://en.wikipedia.org/wiki/Balfour_Declaration

which stated that the UK would seek to establish a national home for the Jewish people in Palestine. From the end of the First World War up to 1948, Britain ruled Palestine under a League of Nations Mandate.

https://en.wikipedia.org/wiki/Mandatory_Palestine

- In 1939, World War II was triggered and in 1945 the armistice was signed. On 14th May 1948, the state of Israel was created followed by the expulsion of the Palestinians. According to the *United Nations Relief and Works Agency (UNRWA) for Palestinian Refugees in the Near Eas*t, the approved definition of refugee was: 1. Palestinian refugees are those whose habitual residence was in Palestine between 1st June 1946 and 15th May 1948. 2. Those who lost their homes and livelihoods as a result of the 1948 conflict (Arab-Israeli war). 3. Those who took refuge in one of the countries or regions where UNRWA operates. 4. Those who are descendants through the male line of those who meet requirements 1 to 331.

Health, education and social services for all Palestinian refugees are provided by UNWRA which has suffered severe funding cuts in recent years (The USA withdrew all funding in 2018). https://www.unrwa.org

DISPLACEMENTS

The Palestinian exodus between 1947 and 1951 consisted of four waves that occurred until 1949, with a fifth in 1950. The total number of refugees was more than 700,000 (Morris, 1978: 229-236; Pappé, 1994: 89).

The Palestinians were located in Gaza, the West Bank, Jordan, Lebanon, and Syria. In 2013, UNRWA registered more than 5 million refugees from Palestine in the countries where it operates, of which nearly a third (more than 1.4 million) now live in 58 refugee camps. The country with the highest number of Palestinian refugees is Jordan with 2,090,762, followed by Syria with 518,949, and Lebanon with 470,604. In the Palestinian territories, most of the Gaza Strip's inhabitants are refugees (1,241,794 out of a total population of approximately 1,500,000). In the West Bank, 3 million registered refugees reside (2017); a quarter live in 19 camps, and many others live in cities and villages.

Today, there are more than 500,000 refugees from Palestine in Lebanon, which represents about 10% of the country's population. It is a very small state (240x60km) and very densely populated. Palestinian refugees face a difficult situation. Their basic rights are not recognised: they are excluded from most public services and prohibited from practising 39 professions. Also, they are not formally regarded as citizens of another state, so they cannot claim the same rights as other foreigners residing and working in the country. Refugees from Palestine in Lebanon are entirely dependent on UNRWA's assistance to meet their basic needs. In Lebanon, as of March 2013, there were 12 camps and a total of 470,604 registered refugees.

1948 - Camp of Burj el-Barajneh: 16,066.
1948 - Camp Ain al-Hilweh: 47,614.
1948 - El Buss Camp: 9,849.
1949 - Nahr al-Bared Camp: 31,023.
1949 - Camp Sabra and Shatila: 8,645.
1948 - Wavel Camp: 7,909.
1952 - Camp de Mar Elias: 615.
1954 - Mieh Mieh Camp: 4,683.
1955 - Beddawi Camp: 16,591.
1955 - Camp Burj el-Shemali: 19,771.
1956 - Dbayeh Camp: 4,211.
1963 - Rashidieh Camp: 31,478.

THE VISIT

During the ISSOP *(International Society of Social Pediatrics)* conference held in October 2019 in Beirut, a number of participants were able to visit some refugee camps (Sabra and Shatila, Webel, near Baalbeck, and Hamshari Hospital, next to the Nieh-Nieh in Saida). The first perception is that they should be called fenced-in slums. They are heavily populated, dark in colour, old buildings, narrow passages, and with many young people in the streets. In Lebanon, 60% of refugees under the age of 24 are excluded from key aspects of social, political, and economic life.

A health technician who works in the camp near Baalbeck, said: '*I was born in 1947. When I was one year old, my family was expelled to Lebanon. When I was 24, I had a daughter. At 49, a grandson. In February 2020, my great-grandson will be born. We will soon be 4 generations living in the same place, and fearing an uncertain future. We lack professionals and retraining courses. We are the oldest refugee population in the world!*'

SURVIVAL

In a situation of discrimination, most refugees rely entirely on UNRWA assistance to meet their most basic needs, such as schooling. Some NGOs provide specific aid, to which we must add donations sent from Lebanese citizens, and especially Palestinians who are nationalised and living in industrialised and high-income countries, which help to alleviate the needs of their 'fellow countrymen'.

LABOUR

Refugees are also subject to significant restrictions of employment. In 2005, a law was passed allowing refugees born in Lebanon to work in the clerical and administrative sectors. However, they cannot practice professions such as doctors, dentists, lawyers, engineers, accountants, armed forces or the like.

HEALTH

One of the biggest concerns regarding refugees is the high economic cost of hospitalisation in the event of illness. UNRWA provides basic primary health care. However, they can only partially cover hospital care bills. In this case, it is the Palestinians themselves, who live in the camps, that contribute to the payment of the services received (medical visits, drugs, clinical tests, or hospital stays). These funds are not available to most refugees, so they often have to choose between giving up essential medical treatment or taking on a debt.

Most prevalent diseases, based on *The Lancet*, *Doctors Without Borders*, and health records of the camps themselves:

1. Acute diseases - Infectious (sometimes from non-drinking water). Infestations. Accidents.
2. Chronic diseases - Arthrosis (related to moisture in buildings). Cancer. TB.
3. Mental illness - In all age ranges.
4. Thalassemia - High prevalence in the area.
5. Vaccinations - Apparently good coverage.

UNRWA

This agency is almost entirely funded by voluntary contributions from UN member states and serves the refugee population directly in Palestine. It plans and develops its own projects, as well as building and maintaining schools, clinics, centres for women and the disabled. However, UNHCR (*United Nations High Commissioner for Refugees*) is responsible for its refugee status.

OSLO

The Oslo Agreement (1993) specifically provides that issues of permanent status, such as Jerusalem, Palestinian refugees, Israeli settlements, security and borders, are excluded from provisional disposals and that the outcome of the negotiations on permanent status should not prejudge or undermine interim agreements. That is, none of the five themes of the peace process - refugees, water, borders, capital, and security - are short-term negotiating issues. The refugees will have to keep waiting. (According to CIDOB: Barcelona International Documentation Centre.)

SUMMARY

When comparing the camps (settlements) since they were established 40 years ago with today, few changes are observed, beyond some small shops for domestic supply. Moreover, time seems to have stopped in Palestinian villages. For a few years now, refugees from ancient Palestine have been joined by other refugees from the Syrian war. They are even poorer and are seen begging in the streets of Beirut and other Lebanese cities. It should be noted, on an economic level, that aid is scarce. The UN agency for Palestinian refugees (UNRWA) presented its budget for 2019. However, the US ceased funding for the agency last year for political reasons. Someone once said: The Mediterranean is a liquid country with mobile inhabitants. Rich in history, religions, cultures, and geographies, and also full of poverty and inequities. As a Palestinian poet once said: Hope is like the horizon. If you walk towards it, it always vanishes.

2.2 The Universal Declaration of Human Rights, where have you gone? By Barbara Rubio (ISSOP), Madrid, Spain

Year 2019, September 29th.
Early Sunday morning, in Beirut.
We were a party of four.
Waiting for us, our guides Katherine and Moustafa.
Our destination: Shatila, Palestinian refugee camp, in existence since 1949.
Standing at the entrance of the camp was Ola, one of Shatila's residents who led us into the camp.
It was a bright sunny Sunday and the camp was just beginning to wake up. Though it was originally built for 3,000 Palestinian refugees in 1949, with the ongoing Syrian war, it is now home for over 20,000 refugees. Despite this increase in number of inhabitants, the size of the camp has remained the same since its origin, about one square kilometre, causing it to grow vertically, with new shelters being built on top of existing ones without proper foundations. We strolled through a labyrinth of narrow streets with concrete block apartments cramped on both sides and above, a tangle of electrical wires partially prevented the sun rays from getting through.
I came to know that Palestinians in Shatila are stateless. They cannot apply for citizenship in Lebanon or elsewhere, therefore cannot own property or apply for jobs in most categories other than in the camp itself. Ola herself was a school teacher but could only teach in Shatila despite having her degree. With regards to essential health and education services, they are provided by UNWRA – the UN Relief and Works Agency for Palestinian refugees, from which the USA has recently withdrawn all support.

In one of the street lanes a group of men were sitting around a small table having coffee and invited us to sit down. The youngest one in the crowd, probably in his forties, carried the conversation and wanted to make his point: they did not want people or organizations from other parts of the world come in and feel sorry for them, write about their miseries and hardships, or help them. What they want and need is their freedom, their liberty of movement. He himself, after paying large sums of money, had tried to escape from Shatila, from Lebanon, but at the end, did not make it.

As we continued our walk, in midst of all the adversity, a small "oasis" where small green bushes and red, pink and white flowers defined the boundaries of someone's front property, the word beauty could find a meaning.

On our way back to the hotel, an oppressive silence overcame me. So many things yet to understand. So many questions left unanswered, and as I think about the dates and the years that have gone by I wonder:

1948: The *Universal Declaration of Human Rights,* was adopted by the UN General Assembly on December 10th, where World leaders decided to complement the UN Charter with a road map to guarantee the rights of every individual everywhere.

1949: The Shatila refugee camp was set up by the International Committee of the Red Cross as a temporary space for the hundreds of Palestinian refugees who fled from the north of historic Palestine during the arab-israeli war in 1947-1948.

2019: September 29th: 70 years have passed and many of the Palestinian children living now in Shatila are the third and fourth generation of Palestinian refugees to live in the camp. All of them still remain stateless, still long for their freedom, still hope to return to their homeland, in the era of Human Rights.

2.3 Climate change latest

In each bulletin we shall attempt to keep you updated about the latest scientific information on Climate Change which is unremittingly bad. We need to know this so that we can pass on the message.

Climate change: 'Clear and unequivocal' emergency, say scientists
A global group of around 11,000 scientists have endorsed research that says the world is facing a climate emergency.
The **study**, based on 40 years of data on a range of measures, says governments are failing to address the crisis. Without deep and lasting changes, the world is facing "untold human suffering" the study says. The researchers say they have a moral obligation to warn of the scale of the threat.
https://www.bbc.co.uk/news/science-environment-50302392
https://academic.oup.com/bioscience/advance-article/doi/10.1093/biosci/biz088/5610806

The following link takes you to an open lecture by Professor Kevin Anderson from the UK Tyndall Centre on Climate Change and is worth watching to understand where we are now and where we shall have to go to bring about change in the rapid trend towards global heating.
https://www.youtube.com/watch?v=PJDrE8SoG1g&feature=youtu.be&fbclid=IwAR39_7LUmj0TZU8lM_lqc-tzXt3r7xTidBW27qolxbtuW2ugTLBrIln-VxE

2.4 Rights Matter – latest from RCPCH
What the UN Convention on the Rights of the Child means to us (the Voices of Children)
Children & Young People Engagement team

Written in 1989, the UNCRC is a set of rules, or 'articles', defining how each child and young person can be kept safe from harm, have chances to develop, become an individual and thrive. It helps us keep children and young people at the heart of all we do, through our RCPCH &Us network. We explain more below, report on our vote on what makes the best health service, and link to resources - including our very own 'Recipes for Rights' games and UNCRC colouring sheet!
https://www.rcpch.ac.uk/resources/rights-matter-what-un-convention-rights-child-means-us?utm_source=Royal%20College%20Of%20Paediatrics%20and%20Child%20Health&utm_medium=email&utm_campaign=11100005_RCPCH%20all%20member%20ebulletin%20November%202019&dm_i=12S1,6LWTH,62ULPJ,QAZ46,1

2.5 Measles surge, by Tony Waterston

WHO has reported a surge in measles deaths worldwide mainly as a result of anti-vaccination propaganda. This is deeply disturbing and we must all take to the streets (metaphorically) to proclaim the safety and urgency of measles (and other) vaccination.
The surge was on the front page of the Guardian on the 6th December
https://www.theguardian.com/society/2019/dec/05/142000-died-from-measles-last-year-who-estimates
…and the link to the original WHO report is below
https://www.who.int/news-room/detail/05-12-2019-more-than-140-000-die-from-measles-as-cases-surge-worldwide

2.6 Deaf baby gets hearing aid

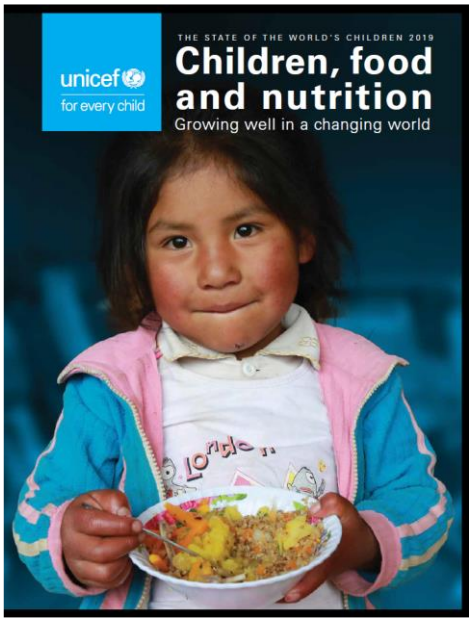
Watch this to cheer yourself up at a time of lots of bad news
https://www.bbc.co.uk/news/av/uk-england-york-north-yorkshire-50690345/moment-baby-daughter-s-new-hearing-aids-are-turned-on

2.7 Workshop on SDH-ECD (ISSOP-SAP), Argentina

Within the framework of joint activities, as per the Memorandum of Understanding signed between Argentine Society of Paediatrics (SAP) and the International Society of Social Paediatrics (ISSOP) with the commitment to contribute to improve the situation and quality of the health of young children and teenagers and for the protection of their rights, a joint Workshop was held on November 13th. It is in this spirit that ISSOP and SAP propose a space for contribution, exchange and reflection about key issues of Social Determinants of Child Health (SDH) and Development (ECD). The activity was coordinated on-site at the Auditorium Dr. Carlos Gianantonio (SAP) located in Buenos Aires City and transmitted with simultaneous translation (Spanish and English) Via ZOOM. The sequence of participations included: Opening session (by Omar Tabacco, Stella Maris Gil and Jeff Goldhagen), SAP lectures (Committee of Growth and Development Nicolas Cacchiarelli, Committee of Family and Mental Health. Maria Ines Pereyra, Committee of Ambulatory Pediatrics. Esteban Rowensztein and Committee of Social Pediatrics. Graciela Muñecas). Then, Jeff Goldhagen presented his conference on "Translating Science and Rights into Optimal Child Development". Finally, we discussed a framework for a SAP strategic plan for child development in Argentina, using Nurturing Care and promoting SAP leadership within ISSOP to: engage other regional organizations, including ALAPE, to advance the rights of infants and children to optimal development, involve SAP within ISSOP activities, and consider future topics for coming workshops. (Moderated by Raul Mercer).

3. International Organisations

3.1 UNICEF: State of the World's Children, by Nick Spencer



UNICEF's 2019 State of the World's Children focuses on nutrition. It reports the current state of nutrition globally from a child rights perspective. Below are two quotes highlighting the global numbers of malnourished and overweight children and the importance of nutrition to child's right to health and wellbeing. The report also highlights inequities in child nutrition across the world with the poorest children in low income countries being at highest risk of stunting and vitamin deficiencies and disadvantaged children in high income countries being more vulnerable to obesity. This is a report all paediatricians should study.

"Globally, almost 200 million children under 5 suffer from stunting, wasting, or both and at least 340 million from the hidden hunger of vitamin and mineral deficiencies. At the same time, 40 million children under 5 are overweight and the toll from overweight and obesity keeps rising, even in lower-income countries. These patterns reflect a profound triple burden of malnutrition that threatens the survival, growth and development of children and of nations."

"It should concern us all that so many children around the world suffer from malnutrition in all its forms. This situation demands a determined and effective policy response – a response that can only come about if there is political will to protect and respect children's human rights, notably the right to adequate food, which guarantees freedom from hunger, and includes nutrition as a critical element. Safeguarding this right requires states to ensure that everyone – including children – has access to food that, at the very least, meets their basic nutritional needs and is culturally appropriate and safe. States also need to respond to the structural and root causes of hunger and malnutrition from a human rights perspective. This should be guided by the principle that children's economic, social and cultural rights are indivisible, a principle that underpins the Convention on the Rights of the Child (CRC), which marks its 30th anniversary this year. Nowhere is this indivisibility more relevant than in nutrition: the rights to clean water, health and an adequate standard of living, for example, are preconditions for the full realization of the right to food."

Link to report: https://data.unicef.org/resources/state-of-the-worlds-children-2019/

4. Current Controversy

4.1 Vaccination fallacies again

The following piece was posted in CHIFA by Julie Reza, a UK-based specialist in communications for biosciences, global health & international development and is replicated here:
I thought this Guardian article may interest members of the forum:
https://www.theguardian.com/technology/2019/nov/13/majority-antivaxx-vaccine-ads-facebook-funded-by-two-organizations-study
It is about a study published in VACCINE:
https://www.sciencedirect.com/science/article/pii/S0264410X1931446X?via%3Dihub#!

Some quotes, but please read the full article if you can for the context:
"The majority of Facebook ads spreading misinformation about vaccines are funded by two organizations run by well-known anti-vaccination activists, a new study in the journal Vaccine has found"

"Facebook's micro-targeting algorithms, unlike television, radio or newspapers, have allowed anti-vaccine groups to home in on individuals who might be susceptible to doubts about vaccines."

"From our organizational perspective, vaccine misinformation causes real harm to individuals and their communities." [a quote in the article]

"Researchers also said new Facebook rules established to promote transparency are actually penalizing pro-vaccination ads by hospitals and healthcare providers."

Further comment from TW
We also need to be aware of how the use of smartphones together with social media is distorting their users' access to factual information. The Guardian has reported on research on how young people get information on politics during the current election campaign. This shows a dark light on information gathering which is likely to cross over to health information. Volunteers agreed for their phone use recorded for three days and the results are to me incredibly disturbing
https://www.theguardian.com/politics/2019/dec/05/uncovered-reality-of-how-smartphones-turned-election-news-into-chaos
Examples of how people sourced information are –
'Fiona in Bolton checked out claims about Jeremy Corbyn's wealth by going to a website called Jihadi Watch before sharing the far-right material in a deliberate bid to anger her left-wing friends. And Shazi in Sheffield followed the BBC leaders' interviews purely by watching videos of party supporters chanting the Labour leader's name outside the venue.'
Maybe this is not true of sourcing vaccine information. But I suspect it is. What do readers think and what have you heard from parents?

5. CHIFA Report – IPA Report

5.1 Standing Committee-IPA report from Istanbul, by Raul Mercer

These are the highlights of ISSOP participation in Standing Committee Session of the International Pediatric Association (SC-IPA) meeting in Istanbul (Nov 22-24). **Friday, Nov 22**: meeting on children and disasters, organized by IPA and allied organizations (WHO, UNICEF, Save the Children, MSF, ISPCAN, ISSOP and regions of IPA).

Contributions by ISSOP:

1. ISSOP areas of interest: central themes of our last 3 conferences and the next one to be held in Indonesia.
2. Child rights as a global issue: the publication in The Lancet and the editorial by Michelle Bachelet and Helia Molina was shared.
3. The meaning of effective partnership
4. Role of pediatric societies

The way we need to approach complex issues related with child health at the global level. How to make visible what is not, how to understand different temporalities of the participant organizations (i.e. time frames are different for UN agencies and for MSF), how to move from clinical to multilevel approaches

Saturday and Sunday, Nov 23-24: ISSOP presentation as a partner organization

- How to work jointly (IPA-ISSOP) in global health issues (war/violence, climate change)
- ISSOP participation in IPA 2021 Congress.
- Expectations from the partnership between IPA and ISSOP
- How to involve CHIFA as a partner organization (Child Health Information for All)
- Guns eradication project from homes (media, families and clinical work)
- Conflicts of interests and the food industry.

IPA Strategic Advisory Group on Child Rights (CR) - Leyla Zamanova (Russian Society of Pediatrics) - Raul Mercer (On behalf of ISSOP)

As representatives of the IPA-Strategic Advisory Group on Child Rights, we proposed the following strategies to be implemented regarding CR promotion.

- Work together with other organizations that advocate for CR globally
- Promote CR- Dialogue Initiative
- Have special sessions on CR during IPA conferences.
- Promote training activities on CR by every pediatric society at country level.
- Introduce CR in undergraduate curricula of schools related with health sciences.
- Develop general information for the public on the importance of having a CR perspective to promote child health and well-being.

5.2 CHIFA report, by Tony Waterston

CHIFA continues to grow and has gained 50 new members since June. Presentations will be made to the meeting in Nigeria in January of Pan-African Paediatric societies. ISSOP members Hajime Takeuchi (Japan) and Tijen Eren (Turkey) have joined the CHIFA steering group. A proposal has been made for a 'catalyst' on the moderation group who will ensure that discussion points are responded to adequately and that new discussions are initiated on current topics: Tom Hutchison agreed to take this role. A proposal has been made to the American Academy of Pediatrics for funding ($5000 for a year) to take forward key thematic discussions, this is being considered at present. Currently, a CHIFA task force on childhood diarrhoea is considering the main facts that should be presented in relation to managing this condition.

6. Trainee report

6.1 We need your stories!!

We are still looking for informational or opinion pieces about the work your trainees are doing. This is a great scholarship opportunity for your trainee and a way for them to become more engaged with ISSOP. Please ask your trainees to contribute as we would love to hear from them. Send all items to editor@issop.org.

"Education is the most powerful weapon which you can use to change the world." Nelson Mandela

7. Publications

7.1 Child health, infant formula funding and South African health professionals: eliminating conflict of interest. Reviewed by Tony Waterston

Lori Lake and colleagues have published a fine article on conflict of interest which follows up a theme which has been much discussed in ISSOP. The paper is open access and can be found here http://www.samj.org.za/index.php/samj/article/view/12787/9055

ABSTRACT: Despite clear evidence of the benefits of exclusive and continued breastfeeding for children, women and society, far too few children in South Africa (SA) are breastfed. One of the major impediments to improving this situation is the continued and aggressive marketing of breastmilk substitutes (BMSs) and infiltration of the BMS industry into contexts with exposure to health professionals. In this article we, as academics, practitioners and child health advocates, describe contraventions of the regulations that protect breastfeeding in SA and argue that bold, proactive leadership to eliminate conflict of interest in respect of the BMS industry is urgently required, together with far greater investments in proven interventions to promote and support breastfeeding.

7.2 War, migration and health: the importance of health

Oral presentation by Meryem Badem, MD(ISSOP 2019, Beirut, Lebanon)
Kayı Eliaçık, Emel Berksoy, Şefika Bardak, Ali Kanık, Aysun İnan, Meryem Badem, Mehmet Helvacı and Serpil Uğur Baysal

University of Health Sciences Tepecik Education and Training Hospital, Department of Pediatrics, Division of Adolescent Medicine, Division of Pediatric Emergency Medicine, Social Service; İzmir Katip Çelebi University, Department of Pediatrics; Dokuz Eylül University Faculty of Medicine, Department of Pediatrics, Division of Social Pediatrics, İzmir, Turkey

Background: Over the last decade, migration has become one of the most important social, political and public health issues in Turkey. According to the current data from UN Refugee Organisation, Turkey hosts the largest number (over four millions registered) of refugees granted 'temporary protection'. They have been provided accommodation, nutrition, health services, education, psychosocial support by the Turkish Ministry of Health.
Objective: We aimed to review the pediatric cases who were consulted to social service at our hospital.
Methods: A retrospective study was performed with searches in hospital database related children of refugees admitted to our hospital between January 2012 and December 2018. The sociodemographic data, medical diagnosis, the reason for the social work consultation and the classification of the social problems were recorded and evaluated.
Results: The total number of the children of refugees consulted to the social service was 88. The median age was 10 months IQR (60.5). Nearly half were female. Forty eight children (54.5%) were born in our country, 37 (42%) were born in Syria, two (2.3%) were born in Iraq and one (1.1) was born in Afghanistan. Acute respiratory infections(ARI) were on the first rank. The classification of the problems by social workers were the following: Socioeconomic problems such as poverty, the lack of a social insurance(unregistered) and homelessness(52 cases, 59.1%); language and compliance problems with medication and/or with the hospital (17 cases, 19.3%); peer or family related problems(eight cases, 9.1%), neglect(three cases, 3.4%); the other legal problems(eight cases, 9.1%).
Conclusions: Most of the refugees have social insurance in our health system. Child abuse and neglect, gender based discrimination must be prevented. This requires joint work by the security, social services and health services.
Note: *As of February 7, 2019, there were 3,644,342 registered Syrian refugees and, as of September 10, 2018; 370,400 registered non-Syrian refugees including 172,000 Afghans, 142,000 Iraqis, 39,000 Iranians, 5,700 Somalis, and 11,700 'other nationalities' for a total of slightly more than 4 million registered refugees, Syrian and non-Syrian.*

7.3 Rights, Justice and Equity, by Rita Nathawad (US)

Lancet Child and Adolescent Health Rights, justice, and equity: a global agenda for child health and wellbeing.
https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(19)30346-3/fulltext
The accompanying commentary is also worthwhile [*Unfortunately neither paper is open access]* (https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(19)30331-1/fulltext)

Written by many of our ISSOP colleagues – Jeffrey Goldhagen, Sherry Shenoda, Charles Oberg, Raul Mercer, Ayesha Kadir, Shanti Raman, Tony Waterston and Nicholas J Spencer, this article celebrates the 30th anniversary of the UN Convention on the Rights of the Child by presenting a global agenda for child health and wellbeing as a blueprint for the practice of pediatrics and child health in the domains of clinical care, systems development, and policy formulation. The article describes a child-rights based approach to health and development by first describing the global challenges confronting families and then describing the ten elements of the global agenda (from ISSOP Position Statement 7), including linked SDGs and UNCRC articles and the roles of health professionals and pediatricians in meeting these benchmarks.
Current global challenges confronting children and families are listed as:

- **Inequity**, including the huge differences in economic and political power between high and low income countries, the wide disparities in mortality for children under 5 years compared between high and low income settings, the increasing share of countries' wealth being controlled by high income groups only, leading to further inequities in health and well-being for all children.
- **Globalization,** relating to the cross-border movement of people, information, capital, goods, and services which has to a large extent made national borders irrelevant. The social forces at play with globalization play a significant role in health and well-being.
- **Armed Conflict,** a global public health crisis that violates the rights of nearly one in five children, either directly with children living in conflict zones or indirectly through displacement, environmental hazards, or changes in living conditions.
- **Violence,** either through physical, sexual, or psychological means or through exploitation.
- **Displaced Children,** the migration of families in the 21st century has been unprecedented and resulted in multiple "stateless" children and families, often lacking core rights to health and well-being.
- **Nuclear Proliferation,** a potential threat of mass destruction, in addition to the existential threat to the rights of children in that the cost to create and maintain these weapons Is high and diverts from funds that could be invested in the health and well-being of children instead.
- **Climate Change,** might be the greatest threat facing the world's children and future generations, extreme weather conditions resulting in limited access to basic needs such as food, water and shelter, changes in vectors spreading diseases such as malaria, dengue and the emergence of new pathogens, global temperature changes resulting in food shortages and poor agricultural seasons.

The Global Agenda proposes ten elements to address these threats and ensure child health and well-being:

1) Provide secure child-friendly spaces for children to thrive. (SDG 3, 11) (UNCRC 19, 24, 31, 35)
2) Ensure a life free of poverty. (SDG 1) (UNCRC 2, 24, 26, 27, 28)
3) Promote social inclusion and non-discrimination. (SDG 5, 10, 16) (UNCRC 2, 14, 20, 30)
4) Address the effects of social determinants of health. (SDG 2, 4, 11) (UNCRC 6, 24, 27, 28, 29)
5) Respond to the increasing complexity of physical and mental health conditions. (SDG 3) (UNCRC 23, 24)
6) Respect changing family and community structures. (SDG 5, 11, 16) (UNCRC 2, 7-10, 20, 21, 25, 35)
7) Respond to the effects of globalization and marketing on child health. (SDG 6-13) (UNCRC 3, 6, 12, 13, 24, 26, 30)
8) Frame all public and private sector policies as child health policies. (SDG 3, 7, 8, 9, 11, 12, 14-17) (UNCRC 24, 26, 27)
9) Create the opportunity for a life free of violence. (SDG 10, 11, 16) (UNCRC 6, 19, 32-35)
10) Focus on the planetary effects of climate change on children's health. (SDG 6, 7, 12-15) (UNCRC 6, 24)

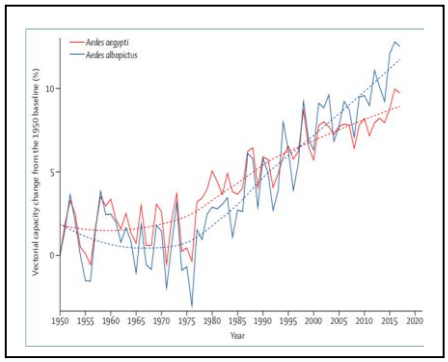
It is our duty as child health professionals to identify ways to translate these agenda items into practice and develop programs and policies that are grounded in the framework of child rights, social justice and health equity. It is in this way only that we may advance the health and well-being of all children across the globe.

7.4 The Lancet countdown on health and climate change, by Rita Nathawad (US)

The 2019 report on The Lancet Countdown on health and climate change: ensuring that the health of a child born today is not defined by a changing climate
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32596-6/fulltext

The 2019 report presents an annual update of 41 indicators across five key domains: climate change impacts, exposures and vulnerability; adaptation, planning, and resilience for health; mitigation actions and health co-benefits; economics and finance; and public and political engagement. The report represents the findings and consensus of 35 leading academic institutions and UN agencies from every continent. Eight of the ten hottest years on record have occurred in the past decade. A child born today will experience a world that is more than four degrees warmer than the pre-industrial average, with climate change impacting human health from infancy and adolescence to adulthood and old age. Further exacerbating the issue is the uneven distribution of impact. Lower income countries see greater harm from climate destroying practices and are home to more vulnerable populations such as children, elderly and outdoor workers. If the world continues its current path of "business as usual" and does not start to take strides to mitigate these climate changes future generations will endure grave health dangers.

Changes in global vectorial capacity since 1950



Indicators measuring the impact of climate change reveal increases in extreme weather conditions (floods, heatwaves, droughts, wildfires) leading to issues of altered ecosystems, food insecurity/malnutrition, displacement of communities, changes in transmission of vector borne diseases, and lost labor capacity. All of which ultimately impact both the physical health and mental well-being of the population. The impact may be direct through injury, disease or exacerbation of underlying chronic conditions or it may be indirect through destruction of communities and households, loss of income or displacement.

We are far from reaching our current global goals to halve global emissions by 2030 and reach net-zero emissions by 2050 to limit warming to 1.5 degrees Celsius. (Paris Agreement) While countries have put some measures in place to phase-out coal driven energy sources, limit petrol and diesel cars, and identify new low carbon processes (such as the use of solar, wind, geothermal, wave and tidal energy sources), progress is moving at a snail's pace. All the world's nations must recognize that no amount of climate change may be considered safe and invest in strategies to mitigate these harms. Implementing such changes would result in economic savings from a healthier and more productive workforce and society. The savings in health-care expenses alone could potentially offset the upfront costs of developing such systems.

Countries must scale up their response through adaptation and planning. Indicators measure number of countries with a national health and climate change plan or strategy, current levels of their implementation, and the commitment of national health funds for achieving the health adaptation and mitigation priorities outlined by governments in these documents. The country response rate has more than doubled from 2015 to 2018, with 101 of 194 Member States now reporting on these indicators. Fifty-one of 101 reporting countries currently have a national health and climate change plan in place, even less have high to moderate levels of implementation of this plan and even fewer have funding allocated for this implementation.

Public and political engagement are also crucial to this fight. Engagement in the domains of media, government, corporate sector and by individuals was also studied to further understand ways to combat climate change. The media is central to the public's understanding of climate change, through this forum people understand the issue and assess government response. Global media coverage has increased since 2010 and individual engagement through internet searches is also on an upswing. The challenge remains that most view climate change and health as separate issues and there is little recognition that the two are intimately linked. Therefore, health professionals must remain at the forefront of this fight and continue to communicate the health risks associated with climate change. We must work alongside all stakeholders and ensure a robust response to this critical issue.

7.5 New power versus old: to beat antivaccination campaigners we need to learn from them. By Rita Nathawad

New power versus old: to beat antivaccination campaigners we need to learn from them – an essay by Kathryn Perera, Henry Timms, and Jeremy Heimans
BMJ 2019; 367 doi: https://doi.org/10.1136/bmj.l6447 (Published 21 November 2019)
Cite this as: *BMJ* 2019; 367:l6447

The UK, Albania, the Czech Republic, and Greece are amongst the countries who no longer have measles-free status (defined as a country without continuous measles transmission for at least a year). This article explores the social media influence of anti-vaxxers and mechanisms by which pro-vaccine groups may expand their reach in this fight. It discusses the concept of "Old power" and "New Power":

"Old power works like a currency. It is held by a few. Once gained, it is jealously guarded, and powerful people have a substantial store of it to spend. It is closed, inaccessible, and leader driven. It downloads and it captures.

New power operates differently, like a current. It is made by many. It is open, participatory, and peer driven. It uploads, and it distributes. Like water or electricity, it's most forceful when it surges. New power is exploited not by hoarding but by channeling."

Anti-vaxxers who are famous or have significant public influence have an impact because they use this "New power" effectively and with speed. Social media has become the highway through which misinformation can travel at high velocity. Despite Facebook and other social media outlets restricting such content, the information still finds a way to surface in other forums. Health professionals tend to focus on direct conversations based on knowledge and data to influence others and this "Old power" mentality is leaving us steps behind. Strategies to promote vaccination and educate the public must combine the old powers with the new. The paper outlines a few lessons to help us move in this direction:

1) Lesson 1: create context, not content – offer agency to the participants, allow them to develop and distribute the narrative, Wakefield's anti-vaccine success stems from his followers now completely owning the narratives in his message boards
2) Lesson 2: don't bring a fact to a narrative fight – the "we know best" mindset is ineffective, we must amplify stories, focus on lived experience
3) Lesson 3: not old power v new power; old power + new power – we need professionals and institutions to thrive, however these structures need to dabble in the spheres of public engagement, peer networks and social media influence

Therefore, in order to effectively fight the anti-vaxxers out there, we need to understand them and learn from their strategy. We need to ensure a "daily dose of new power" to our daily regimen.

7.6 What would happen if Santa Claus was sick? His impact on communicable disease transmission. By Raul Mercer (ARG)

In some areas of the world, it is believed that Santa Claus brings presents to children on Christmas Eve. While it is unclear whether only good boys and girls receive presents, it is reported that more than 90% of children are visited by Santa Claus at Christmas. It is possible that he could spread pathogens if infected with a communicable disease at the time of his yearly visit. In this study, the researcher (Yuki Foruse, from Japan) used mathematical modelling to investigate the probability and impact of influenza and measles transmission by Santa Claus on Christmas Eve using a discrete-time stochastic SEIR (Susceptible, Exposed, Infectious, and Recovered) compartmental model. He found that disease transmission by Santa Claus potentially has a great impact on public health both for influenza and measles, especially when vaccination coverage was low. However, the impact of visits by Santa Claus when he had a communicable disease was markedly reduced when the contact of children with Santa Claus was limited. A reduction in the effectiveness of disease transmission could be achieved by Santa Claus minimising contact time during his distribution of presents and his adhering to standard precautions, including hand washing and wearing a mask.

Comment: Although it is a simulated study, it has the contribution of combining fantastic epidemiology, and the risks of market economy and globalization in an interconnected world. See the publication accessing this link.
https://onlinelibrary.wiley.com/doi/full/10.5694/mja2.50420?fbclid=IwAR0YyvEbNkAC5azbhUl9iPcAWc86BQebS_p7d3cBGeouUkia9ZX-GrgTMOk

8. Correspondence

8.1 Professor Gary Evans responds to the ISSOP statement on Addressing Inequities

It's a pleasure to introduce Gary W. Evans, the Elizabeth Lee Vincent Professor of Human Ecology, Departments of Design and Environmental Analysis and of Human Development, Cornell University. He is an environmental and developmental psychologist. Gary's work is focused on the physical environment (environmental stressors, cumulative risk, chaos, housing, schools) in child well-being. Much of his work is focused on the environment of childhood poverty. Following publication in the BMJ Paediatrics Open of the short version of the ISSOP Position Statement on Addressing inequities in child health and development, https://bmjpaedsopen.bmj.com/content/3/1/e000503.Gary wrote to me suggesting the statement might have included more emphasis on risk reduction (see below). He sent me a copy of his paper and I suggested highlighting his paper along with our BMJPO paper and that he write a short introduction. Gary's introduction is below. It would be very valuable to have comments and views of colleagues on the issues Gary is raising. **Nick Spencer**

Pediatricians are the front line in confronting the miseries brought about by chronic poverty and austerity in the lives of all too many children and their families. Pediatric analyses and discussions about childhood disadvantage, as illustrated by the recent overview by Nick Spencer and his colleagues in *BMJ Paediatrics Open* 2019;3:e000503. doi:10.1136/bmjpo-2019-000503, rightfully call attention to the critical importance of the lack of resources, particularly, access to health care, that plays a critical role in the lives of disadvantaged children.

This brief note is not a challenge to the importance of availability and quality of care but a reminder that it is highly likely that **the most critical contributing factor to health inequalities is *not* insufficient health care and access to other resources.**

A large and fast-growing body of research continues to converge on the conclusion that the primary reason for health inequalities is because of exposure to the accumulation of physical and social risk factors that compromise child development. Perhaps the key, unique signature of childhood poverty is cumulative risk exposure. The accompanying article published in a major scholarly, psychology journal illustrates the plethora of physical and social risk factors that poor children face. We also know from several large epidemiological studies that resources such as health insurance (US) or good quality universal health care, such as in the UK, Canada, or Sweden, do little to alter the dose response function between income and health outcomes.

Pediatricians and other healthcare professionals should continue to fight for the expansion of access to high quality care for all children and families and particularly those who are disadvantaged. But achieving this worthy goal will not eliminate health inequalities. Risk reduction is necessary to make a level playing field for optimum child development. Social justice is not reducing the harmful impacts of living in a negative environment—social justice is eliminating the negative environment.

Links to Gary's paper & the BMJPO paper: https://www.ncbi.nlm.nih.gov/pubmed/14992634
https://bmjpaedsopen.bmj.com/content/3/1/e000503

8.2 Doctors arrested for attempting to give flu vaccination to children at US Border

ISSOP has received the following message from Professor Colleen Kraft, former president of the American Academy of Pediatrics, in response to this video sent to us by Catherina Muench, Munich. https://www.facebook.com/123743261684796/posts/517290438996741?vh=e&d=n&sfns=mo

The group is called Doctors For Camp Closure--they have a Facebook page. It was started by one of my former students, Danielle Ramanathan, who is a neonatologist at Carilion Clinic in Roanoke, Virginia.

The group, amongst other activities, raised money to purchase flu vaccine. Most of the child deaths at the border were due to influenza. Our Customs and Border Protection refused to give the free vaccine to the children in their custody--this set off the scene that was shown.

The AAP has spoken out about this widely. One example below.
https://www.cnbc.com/2019/08/20/the-us-wont-vaccinate-migrant-children-against-the-flu-at-border-camps.html

Our members of our new Immigrant Child and Family Health Council have testified in Congress and we remain active in print, radio, and television media about the children and what children need. Now with the "remain in Mexico" policy, families who have come to claim asylum are made to stay in some of the most dangerous places in Mexico. Many parents and children have been kidnapped, as the criminals know that families of these immigrants in the US will pay ransom.

It is a dire situation, with hatred and bigotry and policy that violates human rights fuelled by our president.

My commentary on the deaths of children at the US Border last year:
https://time.com/5480503/jackeline-caal-death-dhs/

History will look upon the US as a terrible steward of human rights during this time. But we continue to speak out. We can never stand down, never give in, never give up.

Thanks to all for your advocacy. Colleen

Colleen A. Kraft, MD, MBA, FAAP
Professor of Pediatrics
Keck School of Medicine at the University of Southern California
Immediate Past President, American Academy of Pediatrics

Lactation room – Sala de lactancia
Dominican Republic Airport (RM)