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1. Introduction

We enter a new world which none of us have ever experienced, as we move into a near quarantine phase in most countries of the world owing to infectious disease. Can the people of the world hang together and be united? Can ISSOP members show a lead? We are looking for good examples of healthcare practice that we can continue with long afterwards. One such is internet conferencing – as I write this, I am taking part in a Green Party conference session attended by 322 members with plenty of interaction – all on screen. In this edition we have a message from the President, Jeff Goldhagen. We feature a flyer on the Bali Congress in November. Will the world be back to normal by then? Whatever happens, there will be a large virtual element so you can attend from your office or a local centre/hub. More information on this soon. COVID-19 is featured in several features this month and we want many examples of local good practice from members, we shall also include them in the May edition. Other topics covered are the Congress of Pediatricians of Russia in Moscow; the WHO /Lancet commission on child health, attended by Raul Mercer; the banning of corporal punishment in Japan, which we applaud; the report on the State of Child Health in the UK from RCPCH; and a useful article on flight free conferences. Enjoy the issue and please send your comments and questions.

T. Waterston (UK) R. Mercer (ARG) R. Nathawad (US) G. Yilmaz (TR) N. Ustinova (RU)

1.1. Message from the President of ISSOP

Dear colleagues and friends. These are perhaps the most trying moments in our lifetimes. It is unclear where the future will take us—what is clear is that the world will not be the same. Climate Change, Globalization and COVID-19 will continue to affect the lives of children and families in ways we cannot imagine.

If history predicts the future, children—and in particular those from low and middle-income countries—will be the most vulnerable and suffer the most. The potential for austerity measures that surpass those of the past decade are real. Global political insecurity will inevitably result from the economic chaos already happening worldwide. The politics and economics of COVID-19 will further complicate the geopolitics that is the source of global violence and displacement of children.

The aftermath of COVID-19 will greatly magnify the existential threats to children and childhood. In this environment, the path forward must be grounded in the principles of rights, justice and equity. ISSOP will have an increasingly important role to play to respond to the new realities that COVID-19 will bring. However, for many of us, the future is now. Many are bearing great burdens in the response to the crisis. Some are risking their health.

If ISSOP is anything, it is a close knit family of committed colleagues who care for one another. For those now working in hospitals, in the field, with patients—please know that we are thinking about you. We need to hear your voice, hear how you are doing, and hear if there is anything we can do to support your efforts. If you get sick, we want to hear about that as well.

We'll get through this together as friends and colleagues. Then the really hard work will begin to ensure the well-being of children isn't compromised, and when the next crisis happens—we are all better prepared.

Thank you all for what you do for children and families every day.

Jeffrey Goldhagen MD MPH

2. Meetings and news

2.1. ISSOP Congress in Bali November 2020

By Nick Spencer



Bali is a beautiful Indonesian island which is famous as a holiday destination; however, in November 2020 it will be a destination, actual and virtual, for serious work on the impact of climate change on child health and wellbeing. Following the model of our recent annual congresses, the meeting will inform the development of an action strategy for ISSOP and our partner organizations which is why the sub-title of the meeting is 'Building Durable Partnerships grounded in Justice for All'. While we, along with the world, are facing the challenge of Covid-19, it is important not to lose sight of the existential threat to life on the planet as a result of global heating. Child health professionals have a key role in addressing the clinical and public health challenges of global heating and, along with our colleagues in the Indonesian Pediatric Society, we urge you all the participate in person or virtually in ISSOP 2020. See the Flyer below for meeting details.

2.2 ISSOP Separation Statement

Statement on forced separation of children from parents

In recent months, publicity has been given to children who have been forcibly separated from their parents by state governments and security forces, supposedly on the grounds of security concerns.

There are numerous examples of such separations that include, but aren't limited to the following:

1. Separation of children from parents at the US-Mexico border

The highly inappropriate and harmful treatment perpetrated on children by the Trump administration's Zero Tolerance policy has been widely reported. Paramount has been the separation of children from their parents upon entering the United States. The ACLU recently estimated that as many as 5400 children were separated from their families, more than the 1500 previously reported (1).

2. Detention of minors at UK airports

More than a thousand children were detained at Heathrow Airport last year, including babies and unaccompanied minors who spent more than 10 hours in holding rooms (2).

3. Separation of children from parents at the Gaza/Israel border when being referred for medical treatment

Roughly 20 percent of parents of children who are residents of Gaza seeking medical treatment in Israel were separated at the border and not allowed to travel with them (3). This includes a 10 year-old Gazan child who died from cancer while separated from her parents (4).

Reasons of security are usually given for the separation of children from their parents. Detention of children for immigration purposes is known to be practiced in over 100 countries worldwide, despite a significant body of research and experience demonstrating the extensive harm of such

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policies. A recent systematic review documents the impact of family separation and detention of children for immigration purposes, which include damaged attachment relationships, traumatisation, toxic stress, health effects and wider detrimental impacts on immigrant communities (5).

ISSOP strongly condemns such actions that are violations of the UN Convention on the Rights of the Child (CRC). These violations result in acute distress for children at the time of separation, and will result in lasting adverse emotional and physical sequelae across their life course.

Articles of the CRC most relevant to the rights of children not to be separated from their parents and care givers include:

Article 2. Child rights are to be respected without discrimination of any kind, including race, colour, sex, language, religion or political affiliation.

Article 3. The best interests of the child shall be a primary consideration in all actions concerning children.

Article 9. A child should not be separated from parents against their will.

Article 16. There should be no arbitrary interference with a child's privacy.

Article 19. Children shall be protected from psychological violence.

Article 20. If a child cannot be looked after by their parents, the state has a responsibility to provide alternative care.

Article 22. A child seeking refugee status should receive appropriate protection and humanitarian assistance.

Article 37. No child should be tortured or treated in a cruel or inhuman way. Children who are detained should not be imprisoned with adults and they should have the opportunity to remain in contact with their family.

In all situations, except those in which violence is being perpetrated by parents, the separation of children from their parents is likely to be counterproductive. Separation provides no solutions to the underlying policy issues, whilst considerable short and long-term distress and sequelae are created.

ISSOP therefore condemns such separation unreservedly and calls for authorities in all countries to respect the rights of children and ensure that parental support for children is always available. If parents are incapacitated or in another country, then humane protection must be provided and return of the child to the parents or close carers facilitated at the earliest opportunity.

References:

1. New Count By ACLU Brings Migrant Children Separation Totals Up To 5,400. Hill Reporter.Com accessed @ <https://hillreporter.com/new-count-by-aclu-brings-migrant-children-separation-totals-up-to-5400-49285>
2. <https://www.independent.co.uk/news/uk/home-news/heathrow-airport-detained-babies-children-unaccompanied-minors-immigration-home-office-a8406196.html>
3. <https://www.phr.org.il/en/forced-separation-new-position-paper-november-2019/>
4. <https://www.haaretz.com/israel-news/.premium-gazan-girl-died-after-israel-denied-her-parents-visit-she-won-t-be-the-last-1.8631960>
5. Wood LCN. Impact of punitive immigration policies, parent-child separation and child detention on the mental health and development of children. *BMJ Paediatrics Open* 2018; 2(1): e000338. <https://bmjpaedsopen.bmj.com/content/2/1/e000338#ref-6>

2.3. Child health in Russia – opportunities for mutual learning **Natalia Ustinova, Tony Waterston**

The 22th Congress of Paediatricians of Russia "Actual Problems of Paediatrics" was held in Moscow, Russia, from 21/02 to 23/02/2020. 9 258 paediatricians joined the Congress. It's the important event for Russian paediatrics. We are glad to inform about 12 symposia where were covered different issues of social paediatrics: neonatal mortality causes, social aspects of children's health, children disability etc. Tony Waterston with his speech about climate change was special guest of the Congress.

It was as a result of our mutual involvement in ISSOP, the International Society for Social Paediatrics and Child Health, that NU invited TW to speak on climate change and child health at the annual meeting of the [Union of Paediatricians of Russia](#) in Moscow in February 2020. [ISSOP](#) focuses on the determinants of child health, the social causes of illness and on child rights to health and so far has few members in Russia although there is an active and growing social paediatric group within the country. ISSOP has recently taken a strong interest in climate change and this topic will be the focus of its [annual congress](#) later this year. Perhaps the level of activism on climate change in Russia is less than in many European countries, for reasons given below, hence the invitation to include the topic in the Moscow congress.

Working knowledge of English among most Russian doctors is limited hence the presentation was translated as were the slides, which may be seen [here](#).

Strikingly, when the audience during the talk were asked if they thought that there is a climate emergency in Russia, almost all raised their hand.



Thanks to Internet, all information about climate change as well on related issues is widely available in Russia. Russian paediatricians were very interested in the speech by TW at the conference, as it concerned everybody. Big city life makes you think about environmental problems on a daily basis. But it seems to some that existing problems worry us more than possible disasters of the future. What really excites people in Moscow today? Pollution, reagents against snow, compromised food, lack of parks and green zones. What are people ready for? Ready for separate collection of waste, to monitor the air and water state, to protect parks. But not quite ready for restrictions - the introduction of paid parking, mainly in the centre of cities, causes a certain resistance. And yes, municipal transport is quite comfortable and getting

better. May be, there will be helpful examples of 'car refusal' by authorities or celebrities? We haven't these examples now.

Other major topics of great interest to us as social paediatricians were on child abuse and on child mental health, notably autistic spectrum disorders.

In September 2019, NU attended the ["Autism-Europe" Congress](#). So, all the Russian representatives - doctors, psychologists, parents of children with autism - came back with one

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thought - it turns out that we are definitely not worse, but somewhat better in understanding the special needs of families with autistic children. In countries of Western Europe, where anti-stigmatization campaigns and tolerance allowed such families to exist in society, the severity of the problem was reduced. But it turned out that this is an imaginary well-being. In some countries effective methods of interventions are poorly developed, abuse of psychopharmacotherapy is observed, and underlying (some rare diseases) and comorbid (non-mental) disorders are not detected and are not treated properly. Perhaps it was precisely the severity of the situation in Russia that forced parent communities to go on the offensive. In the Soviet Union, such families had nothing but psychopharmacotherapy and institutionalization for their children.

The severity of the problem in all areas - social, educational, medical - allowed a certain breakthrough. It so happened that the time of changes (the collapse of the USSR and the formation of Russia) coincided with the new research and understanding on autism, and with the development of effective interventions. The battle goes on in all fields: society - destigmatization of mental disorder, tolerance to strange behaviour of a child in society, inclusion; education - inclusion, special educational skills, the method of applied behavioural analysis, etc., health care – early identification, reducing the unjustified prescription of psychopharmacotherapy, timely detection of associated (non-mental) disorders, rare diseases. Of course, it takes time to finally win all these battles, but at least the goals and objectives are very clear.

In relation to child abuse, a formidable system has been set up in the UK to provide information and support to parents, and civil society is extremely active in lobbying for better management and hopefully, for the banning of corporal punishment. However the severe government cuts that have been inflicted on local authority services both in relation to educational support for children with special needs and in benefits paid to parents (as well as social worker provision) have had severely detrimental effects on parents' ability to manage their child's problems.

In Russia, a system for the prevention of child abuse is being developed. In the field of normative regulation, progress is being made. There is information and social support. But still, society is not sufficiently active in preventing child abuse — for example, reports from neighbours are not received as often as required. There are special guidelines for schools or medical settings for what to do in case of signs of child abuse (how to report and where: child protection service or police). Is corporal punishment widespread in Russia? No single serious politician will say that he/she "smacked" his/her child, this cannot be approved by society, an immediate condemnation will follow. At the same time, the tendency of the inviolability of family foundations and traditions is encouraged. It is declared that intervention in family affairs should be carried out only for serious reasons (threatening to the child life or health). If children are threatened, they may be taken away from their parents. Where are they looked after – depends on the reason of removal and time - it can be a temporary shelter or a substitute family.

So in the fields of social paediatrics and child public health, in Russia as in the UK there is a need for strong pressure for public understanding of the issues and for higher levels of funding but there are committed professionals working together both within the country and across international borders.

2.4 State of Child Health, UK

Review by Ronny Cheung (Chair of RCPCH State of Child Health Project Board) & Tony Waterston

The Royal College of Paediatrics and Child Health (RCPCH) in the UK has published an [updated version](#) of the original State of Child Health report written in 2017.

Across the four UK nations, inequality pervades almost all indicators. The effect of restricted public health investment can be seen in falling immunisation rates, rising obesity and suicide in young people (increasing), and child poverty (increasing in England and Scotland, reducing in Wales and Northern Ireland). Areas of ongoing improvement include road traffic accidents in young people; smoking and drinking alcohol; and teenage conceptions. Improvement is particularly marked where there has been clinical leadership backed by strong investment in national programmes, such as improvements in oral health in Wales and Scotland; better blood glucose control in diabetic children in England and Wales; and reduction in epilepsy admissions.

The recommendations will be of interest to all social paediatricians and include:

1. Making every contact count
2. Signpost disadvantaged children, young people and their families to sources of support
3. Advocate for local children, young people and their families
4. Take an active role in supporting child health research and data collection
5. Make child health a joyful place to work

3. International Organisations

3.1 The Lancet Commission WHO-UNICEF Report

By Raul Mercer

In the midst of the storm and when COVID-19 was expanding its pandemic effects, WHO convened a special session to launch the **Lancet-WHO-UNICEF Commission Report** entitled: [A future for the world's children?](#)

Everything would indicate that the future has already here and that we are facing one of the most serious challenges for the health and well-being of children, where COVID-19 is just a symptom.

Considering the difficult epidemiological time, the buzz on the WHO-UNICEF-Lancet Commission was fantastic. The Geneva launch was attended by representatives from 30 countries and numerous NGOs, with over **21,000 people** tuning in online. The report was covered by some 60 top-tier media (and counting), and both **António Guterres** and **Greta Thunberg** tweeted about our report (Greta twice!).

Regardless of the participation of more than 40 professionals from around the world who worked for 2 years, the Commission was led by **Anthony Costello** (UK), **Awa Marie Coll-Seck** (Senegal) and **Helen Clark** (New Zealand).

There is a global dissemination plan where certain states, scientific societies, and academic organizations (in addition to WHO / UNICEF) have engaged in this process. The idea is to generate a critical debate on the need to reposition children within the Sustainable Development Goals considering central aspects such as equity, rights, protection of the environment, in addition to the influence of commercial determinants on child health and well-being.



For more information,

- **The full report:**

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32540-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32540-1/fulltext)

- **WHO- Resource center:**

<https://www.who.int/news-room/events/detail/2020/02/19/default-calendar/a-future-for-the-worlds-children>

- **Other translated materials are also available:**

https://www.who.int/docs/default-source/future-for-children---campaign-materials/lancet-commission-child-health-toolkit.pdf?sfvrsn=a793d261_2

ISSOP, like other scientific societies, must assume a leadership role in the installation and debate of this urgent agenda.

3.2 Japan bans corporal punishment

Japan becomes the 59th state worldwide and the second state in East Asia to enact prohibition of all corporal punishment

By Hajime Takeuchi

The cases reported as possible abuse were 17,000 in 2000 and 160,000 in 2018 in Japan. This means that Japanese society has been changing its attitude that child abuse should not be hidden inside a family. So, the society supports that the government has to treat this issue as a contemporary social one.

The Act amending the Child Abuse Prevention Law 2000 adopted in June 2019 – which will come into force on the 1st of April 2020. It includes the amended article 14(1) of the Child Abuse Prevention Law 2000. “A person who exercises the 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.”

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The Ministry of Health, Labour and Welfare developed guidelines on the scope of the amendments on 20 February 2020. They state that “Corporal punishment is an unacceptable act. No one should use corporal punishment of children, regardless of the parental authority”. With this clear statement from the Government, Japan becomes the 59th state worldwide and the second state after Mongolia in East Asia to enact prohibition of all corporal punishment of children.



As you know, the ban on corporal punishment is crucial in every country and region. Because child abuse is tightly connecting to socio-economic family background. Especially, poverty which should be eradicated as the first goal of SDGs in 2030 is the weighty reason for it. The universal significance of it is based on the evidence of the various adverse sequelae of corporal punishment. Corporal punishment and child abuse are pathological social diagnoses with which our child health professionals have to struggle.

What is a good strategy to change Japanese society as respecting child rights and supporting difficult families? The most important thing is education.

Children have not enough chance to learn about the Convention on the Rights of the Child (CRC). The Ministry of Education, Culture, Sports, Science and Technology does not refer to CRC in the government-approved curriculums and children do not have any opportunity of learning about it at school. Children don't have opportunities to express their opinion nor do they feel that they can influence their environment. Good students are expected to obey the school rules. It is a sad thing that they cannot express their beliefs like Greta Thunberg. I believe that they have the ability to change society in future and would like to do so.

The structure of Japanese society is based not only on **Confucianism** but also on **Legalism**, both of which came from ancient China. Confucianism emphasises the child's duty of filial piety to his or her father. However, the father's obligations towards a child are also emphasised. Public power was involved in family events. On the other hand, Legalism is fundamentally self-responsible, and historically a child was entirely under his or her father. The patriarchal authority was absolute, and little public power was involved in family events. Legalism is more robust in Japan than in South Korea or China. These historical and cultural factors in Japan have led to today's perception that child abuse is a problem inside families.

My friend, who is a researcher in welfare history points out that Legalism is classical philosophy, but has an affinity with **neoliberalism**. And **Familism** (based on the above philosophies) means that a child belongs to a family and a father as the breadwinner is central.

I guess that this Japanese background makes child abuse including corporal punishment much more invisible than in other democratic countries. But it is changing now. A voluntary organisation named “Childline” has been working energetically to listen to children's voices in cost-free-dial every day. Their scope includes not only bullying but also child abuse, including corporal and sexual abuse. This contribution is helpful to understand the real children's world.

I would like to share the importance of banning corporal punishment, not only with each parent or caregiver but also with each child, on a higher level of respect for each other.

4. Current Controversy

Global health -achieving meaning in our lives?

By Richard Horton, Lancet, February 22nd

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30405-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30405-0/fulltext)

We are in the midst of a struggle. A struggle for the soul of global health. On one side, the intelligent idealists. Those who sincerely believe that by describing the world in ever more refined and precise ways we will advance closer to an elusive truth. A truth that will unlock the extraordinary potential that is global health. The Global Burden of Disease is the divine apotheosis of intelligent idealists. And universal health coverage their Garden of Eden. On the other side of this struggle, the innocent cynics. Those who anticipate the worst, cast scorn on the idealism of their rivals, and are contemptuous of the complacency of much of global health today. The innocent cynics are convinced that people must change their lives utterly. They are moral preachers who live by moral example. They long for a life more attuned to the natural systems of the world. As advocates and activists, intelligent idealists see disease, disability, and risk as a trinity of danger to be controlled and defeated. Innocent cynics, by contrast, see their task as reimagining the meaning of health. Removing the idea of health from the clinic and resituating it in society, in Nature. It's unclear who will win this struggle. But, make no mistake, it is a struggle whose resolution—and reconciliation—will define the trajectory for the survival of our species.



In resolving this struggle, we must ask questions usually considered outside the scope of international health. A Public Health Emergency of International Concern gives us a unique opportunity. First, what are the supreme guiding values of global health? Hitherto, the answer has been equity. But, as we have seen from China's efforts to contain COVID-19, perhaps we should consider liberty an equally fundamental value. Without liberty of expression—for health workers, policy makers, the public, and media—there is no means to forge a common view about the future (including the future health) of a society. Second, how important is the political system for health? Global health is typically agnostic about the kind of political system a country chooses to adopt.

Global health and its institutions see health systems as separate—technically, socially, economically—from the political ideologies of nations. This view is not sustainable. We cannot say that the terms of political engagement within a country are irrelevant to our hopes for health. Third, what is prosperity? Conventionally, prosperity means monetary wealth. But could we redefine prosperity to mean something else, something more? Prosperity as the wellbeing of the community in synchrony with its environment. Fourth, how should we consider the place of the human body in society? How do we better connect the social to the biological? How do we incorporate the world in which we live into our biological selves? Our bodies and the illnesses they express tell stories about our lives. Our task is to uncover those stories and to link them back to our bodies and our health. Fifth, what do we mean by health anyway? Whatever we say about the absence of disease or a state of complete wellbeing, the idea of health is also related to our sense of what our lives have been and what they might be in the future. Isn't health contingent on the purpose we envision for our life, and the possibilities we have for enacting that purpose? In other words, isn't health also about our capacity to achieve meaning in our lives?

5. CHIFA Report – IPA Report

By Tosin Popoola writes from New Zealand

5.1. CHIFA Report

By the time you read this update from CHIFA, COVID-19 must have had some sort of impact on you. On a personal level, I think COVID-19 has clearly shown that an actual problem anywhere in the world, is a potential ramification everywhere. It is only a matter of time before a sneeze in the north becomes a cough in the south. As an African proverb says, 'the peace of mind of the tree, is equally that of a bird that perches on it'. The world is now realising that if there is no global victory on COVID-19, there cannot be normalcy anywhere because it is just a flight, ship, ferry, friend or family member away. At CHIFA, we have always understood that even though we have different contextual realities, we have a shared reality. This is evident by the issues our members have shared over the past few months. As an illustration, an issue about corporal punishment of children, which was started by a member sharing an update about an amendment to Child Abuse Prevention in Japan quickly generated intense interest from members from Africa, Australasia, Europe, North and South America. Within a week, this topic has generated 23 responses from members and still counting. As members tried to contribute to the issue from their own respective realities, the conversation quickly devolved into policy, cultural, political and societal issues, while also evoking personal and emotional connections to the issue. CHIFA continues to demonstrate its relevance in shaping conversations and knowledge-sharing on a global scale. Over the past few months, CHIFA members have used the capacity of CHIFA as an information-sharing forum to discuss issues like border separation of children, COVID-19 and pregnancy, childbirth and breastfeeding, and use of human milk from HIV positive mothers in neonatal units. We continue to welcome new members, new and old ideas because our knowledge increases when we share information.

Tosin Popoola is a nursing lecturer at Victoria University of Wellington in New Zealand and an assistant moderator for CHIFA.

5.2 IPA Report

IPA 2021

IPA Online Update brings you a monthly global update on news, events, and research related to child health. Activities of IPA member societies are also highlighted. For more information log on to www.ipa-world.org. For the last issue (Jan 27) go to:

<https://ipa-world.org/ipaonlineupdates/newsletter-new-design-update-1.php?nid=77>



IPA 2021
GLASGOW, SCOTLAND, UK
Ensuring a brighter future for all children
AUGUST 22-26, 2021

Highlights of the IPA Standing Committee Session

By Raul Mercer (on behalf of ISSOP, March 18th)

Present: Adamos Hadjipanayis, Berthold Koletzko, Carlos Alonso, Digant Shastri, Douagi Mohamed, Enver Hasanoglu (President-Elect), Errol Alden (President), Jay E. Berkelhamer (Treasurer), Jonathan Klein (Coordinator), Leyla Namazova, Linda Arnold, Mortada Eishabrawi, Naveen Thacker (Executive Director), Oswaldo Revelo, Raul Mercer, William Keenan, Yasuhide Nakamura, Zulfiqar Bhutta (Past-President) and Zulkifli Ismail.

President's Report- Dr Alden listed the top priorities for IPA. First, **Children in disasters & war, second, immunization hesitancy and third, SDGs.** He informed a statement was developed about preventing atrocities towards children in countries due to religious conflicts.

He called attention to the Lancet report shared and hoped everyone had reviewed the same. Mail was sent to IPA member societies to identify a "**Children's Environmental Health Advocate**" representative for each pediatric society; however, so far, only four responses have been received

Adolescent SAG: Dr Sawyer reported on progress towards the International Association for Adolescent Health meetings scheduled for November 2020 in Lima, Peru

Dr Alden invited Dr Mercer to comment on the ISSOP's report on Children in Humanitarian Emergencies. Dr Mercer added that based on a report on children on conflict zones in the last meeting in Istanbul, they want ISSOP to work with IPA beyond other activities included in the report and article ISSOP shared with IPA. Dr Mercer further added they also need to discuss how to promote and implement effective collaboration between ISSOP and IPA.

Dr Klein suggested sharing the Beirut Declaration by ISSOP with SC for their insights in terms of implementation. Dr. Alden asked SC members to review the declaration document and send any concerns about IPA endorsement to him as soon as possible.

Dr. Thacker listed the documents for discussion in other business:

1. Documents on Integrated KMC by Dr Douglas have been shared via dropbox.
2. **Lancet** commission paper on child health shared by Dr Raul Mercer.
3. **ISSOP** declaration
4. Information on Maternal and Child Health handbook Conference shared by Dr Nakamura

Dr Thacker invited **Dr Mercer** to discuss the Lancet paper. Dr Mercer noted that the shared Lancet document had been launched two-three weeks ago at WHO Geneva. Dr Mercer mentioned this report as an important contribution in terms of addressing children within the SDGs. Dr Mercer suggested a need to promote a global movement involving various stakeholders of government, civil society, and scientific organizations to promote the contents of this report. He further added that they have been working with local and regional office of WHO in Latin America and the Caribbean countries to promote activities at the country level.

Dr Revelo, President ALAPE noted that ALAPE is involving pediatric societies to promote this report at the local level in both Latin American and North America with support from AAP, SPR, ESPID, and CPA. Dr Mercer lastly mentioned IPA plays an important role at the global level and encouraged continued collaboration on these kind of activities.

Dr Namazova discussed the Lancet and the Global Consortium reports, and suggested that there be sessions on **child rights** in Congress

6. Trainee report

6.1 COVID-19 and Social Paediatrics Trainees

By Rita Nathawad

Among those impacted by COVID-19, are our social pediatrics trainees. With classes suspended and rotations adjusted to accommodate the evolving situation within our health care system, many trainees have been thrown into new exciting roles or forced to sit in limbo, unclear of the future. The response to this current crisis in the education world has been inspiring.

Here in the US, we have begun to develop online sessions, self-study modules and other remote modes of training. There has been intense collaboration and sharing of materials and resources to accomplish this goal in a short amount of time. Several national training courses and workshops have been converted to virtual sessions instead of onsite conferences to avoid disruption. The rapid mobilization of technology to allow for business as usual from the health education side has been astounding. Demonstrating that with the right motivation, anything is truly possible!!

In addition, trainees are receiving real-life exposure to what is typically a hypothetical scenario or simulation during training. Locally, our pediatric trainees are learning the use of virtual platforms to provide care and increase access, consistently utilize PPE in an efficient and effective manner, recognize the social and environmental impacts to health during a public disease emergency, understand the operations planning needed to respond to this type of event and reflect on the medical supply chain and the way everything is interconnected. They will emerge from this experience better experienced and capable to respond to such an event should we have the misfortune to deal with this again in years to come.

While COVID-19 has thrown the education world an abrupt curve ball, we have responded and will be better for it. Please share your experiences and how your training has changed or adapted in the face of COVID-19.

7. Publications

7.1 Carbon neutral conferences should be the norm

Zotova O. et al, *Lancet Planetary Health* 2020, 4, E48 – E50

[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(20\)30003-6/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(20)30003-6/fulltext)

Reviewed by Tony Waterston

‘Medical conferences aim to improve health outcomes worldwide yet contribute substantially to global warming and climate breakdown. This is a paradox which cannot continue.’

This commentary comes out at a perfect time to provide guidance for the ISSOP congress in Bali in November. The authors propose a new model for conferences:

‘In August, 2018, we organised the General Assembly of the International Federation of Medical Students’ Associations (IFMSA), the largest annual gathering of medical students worldwide. For 7 days, we hosted 900 delegates from over 100 countries in Montréal, Canada, in a manner that was aligned with our environmental concerns. The IFMSA August Meeting 2018 was a pioneer in carbon-neutral international medical conferences. We believe that sustainable events should become the norm around the world.’

Practical guidelines are offered and can we ensure that these are applied scrupulously to the ISSOP congress later this year?

Key interventions checklist for a sustainable and carbon-neutral event

Raising awareness

- Inform attendees of the eco-friendly measures implemented at the event and the reasons for these.
- Advertise actions for attendees to reduce their ecological footprint.

Carbon neutrality

- Reduce greenhouse gas emissions at the source, by avoiding unnecessary emissions from transportation, venue and accommodation, catering, materials, and waste. Life-cycle emissions must be considered.
- Maximise virtual participation and video conferencing.
- Purchase carbon credits to offset emissions from flights and other event components, estimated by an emissions calculator. Budget offsetting costs in advance, and include an offsetting fee into registration as an opt-out if needed.
- Choose the project to purchase carbon offsets with care.

⁹The project must be certified under an international standard such as the Clean Development Mechanism or Gold Standard and fit quality criteria to ensure real impact.

Transportation

- Prioritise low emitting and public transportation such as electric buses.
- Ensure that venues are accessible by public transport.

Venue and accommodation

- Prioritise Leadership in Energy and Environmental Design certified venues.
- Prioritise hotels implementing the Eco-Management and Audit Scheme or performing well in the Hotel Carbon Measurement Initiative.

Catering

- Maximally reduce availability of meat and dairy products, while providing a comprehensive range of vegetarian meals.
- Reduce plate size to diminish food waste.
- Donate all surplus food to local food redistribution organisations

Materials

- Prohibit disposable bottles, cans, cups, plates, and cutlery. Ask attendees to bring their own cup, and provide washable plates and cutlery on site.
- Limit merchandise to none, or one souvenir item per attendee.
- Reuse materials from previous conferences or local education institutions.
- Request minimal packaging from suppliers.

Waste management

- Provide waste sorting bins (including recycling and compost) with clear sorting instructions, and volunteers to assist in sorting at highly attended events.
- Ask venue staff to record the amount of waste generated.

7.2 The Marmot review ten years on

Reviewed by TW

Once again Sir Michael Marmot (WHO Social determinants of health) has come out with a cracker of a [report](#) on the impact of austerity in the UK. Ten years after his landmark report 'Fair Society Health Lives', Michael Marmot says the situation has become worse. In his feature in the [BMJ](#) (unfortunately not open access), he writes that 'child poverty has increased, children's centres have closed and funding for education is down.' Marmot puts this down to cuts by government in welfare for families (down 40%), 31% cuts in local government expenditure in the most deprived 10%, and funding for sixth form and further education falling by 12% per pupil.

The report includes detailed recommendations which will require strong political pressure to be put into practice –

- 1. Give every child the best start in life**
- 2. Enable all children, young people and adults to maximise their capabilities and have control over their lives**
- 3. Create fair employment and good work for all**
- 4. Ensure a healthy standard of living for all**
- 5. Create and develop healthy and sustainable places and communities**
- 6. Strengthen the role and impact of ill health prevention.**

These recommendations sound like a reiteration of the UN Convention on the Rights of the Child and emphasise again how hard we must keep pushing to have full implementation of the Convention in public life.

8. Correspondence + COVID-19

8.1 Quarantine: a Russian perspective

By Natalia Ustinova, MD, PhD

In Russia we are at the first stage of outbreak, so there is no fear or panic. People are actively discussing lifestyle changes in social networks. My attention was drawn to the FB post of mom of a child with autism. In response to general concern, she writes that living with a child with autism or palsy is similar to quarantine - but for all lifetime: "Perhaps, now most will understand what we are doing. Thousands of families with autistic children have been quarantined for years, decades, only because their family had a child with autism. These thousands of children did not have schools, there was no regular school experience visits. They were listed as a schoolchild, but no one went to school https://www.facebook.com/permalink.php?story_fbid=3476144232402985&id=100000223260432

The situation has changed just a few years ago, but unfortunately, sometimes children with severe behavioural disorders have not appropriate educational service still now. Yes, now we really can better understand the lives of such families. We will strive to ensure that every child with any disability is included in the education system as much as possible.

8.2 Quarantine: an African perspective

Teen pregnancy risk rises as schools shut for coronavirus in Africa

Review by Rita Nathawad

While the focus of infectious outbreaks is often on the organism, transmission and disease burden, there are other less obvious impacts during such events. One such issue, is the effect of imposing quarantine on those who do not have a safe space to live in. The article, **“Teen pregnancy risk rises as schools shut for coronavirus in Africa”**, by **Nellie Peyton**, from the Thomas Reuters Foundation discusses the issue of sexual violence and abuse during stay at home mandates.

“School closures due to coronavirus in West Africa risk exposing girls to sexual violence and unwanted pregnancy, experts said on Thursday, basing the warning on past experience with Ebola.”

Link to article : <http://news.trust.org/item/20200319115906-eieyl/>

8.3 The (precious) time of the coronavirus

Giorgio Tamburlini - Centro per la Salute del Bambino onlus

The (precious) time of the coronavirus.

It is a cliché to talk about making a virtue of necessity. It remains true, however. Instead of listing all the opportunities that open, fortunately, while many others close, and while all of us, some much more than others, suffer the consequences of the epidemic, let's concentrate for a moment on our children confined to home. There are two aspects of the question: how to answer their questions and respond to their fears, on the one hand; and how to spend this long, unexpected time, completely unique and perhaps unrepeatable in its mixture of new constraints and new freedoms.

Answering questions and facing fears forces us, grandparents, parents, childhood specialists, to exercise our imaginations but also our ability to look for ideas, in what our network can offer us, or our friends, or even find in ourselves, to tell the story of the epidemic to our children, explain what a virus is, how it is transmitted, why we must "distance ourselves", and perhaps what a vaccine is and how it works. It is more than possible that by looking for resources to help us do this, asking those who know more, and finding the words (and drawings!) to explain to our children what is happening, we will also clarify some ideas for ourselves.

We can spend a little time doing this, while we are improvising as teachers. What about the rest? We can do many things: For example, we can look to historical stories and artefacts, and find ways to show our children how we were, how we played, where we went. Or read together, look at atlases, or why not even a cookbook. Or listen to music, choosing what we like, or what we can learn to like. Or we can play, with old games, new games or even no games, just with what we find: corks, cardboard boxes, twine, colored paper, glue, playdough. Or look out the window and talk about what you see and what you don't see anymore, or just breathe. Or use this time to call a school friend, or to call the grandparents and ask how they are. In short, you don't have to resort to entertainment that has been prepared for you, video, audio or anything else. You can come up with some ideas yourself, it will be more fun.

We will return, sooner or later, to the life of before. Certainly, it will no longer be the same as before. This will be true for many reasons--but one reason can be because we will have discovered a kind of time, a long time to fill, or a time to let flow, more slowly than usual. With our children. That they will remember for a long time.

8.4 COVID-19: What have we learned? What can we do?

By Raul Mercer.

The COVID-19 pandemic has exposed us to a unique, particular and desirably unrepeatable situation for all of us. In the elapsed time we have confronted countless situations that affect us personally, professionally and as citizens. This goes from the way in which our rulers react in a random and unexpected way, conjugating a body language dissociated from the content of their speeches (some in defense of corporate interests and others thinking about the most affected populations). The Secretary of the United Nations inviting to lay down arms in war conflicts (Libya, Syria, Yemen, among others) and confront the common enemy (COVID-19) and on the other hand, armies deaf to this call. At ISSOP we are in permanent communication and exchange with colleagues from all over the world. Each one expresses their perception and reality about COVID-19 and their ways of reacting. For this reason, we think it would be appropriate to open a section in this newsletter or through the mailing list of ISSOP so that the ISSOP community can express itself in a short and free way, trying to answer these two questions:

What have we learned?

What can we do?

The idea is to see beyond the questions that are in continuous debate and to be able to contribute other readings and impressions on these events. The idea is to help us think together and be able to see beyond the current crisis that affects humanity.

8.5 Managing “Acute or Chronic Uncertainty”

By Giuseppe Raviola, MD MPH

As we enter this new and unprecedented phase of the pandemic, we are inundated with guidelines about how to keep our families and ourselves healthy and virus-free. Yet a key item on the list—social distancing—poses unprecedented challenges to our mental and emotional wellbeing, and requires consideration. The risk may be especially high for our children, who are suddenly cut off from school and friends. How do we as individuals and parents cope without driving each other and ourselves crazy? It is a question that mental health professionals such as myself are being asked multiple times a day and that urgently needs addressing. This introduction and list was written with the help of people with whom I work, trying to gain steady emotional footing in this strange new scenario we together are in:

- 1) Social distancing does not mean emotional distancing; use technology to connect widely;
- 2) Clear routines and schedule, 7 days a week, at home—don't go overboard;
- 3) Exercise and physical activity, daily if possible;
- 4) Learning and intellectual engagement—books, reading, limited internet;
- 5) Positive family time—working to counter negativity;
- 6) Alone time, outside if possible, but inside too; but remember, don't isolate;
- 7) Focused meditation and relaxation;
- 8) Remember the things that you really enjoy doing, that you can do in this situation, and find a way to do them;
- 9) Limit exposure to television and internet news; choose small windows and then find ways to cleanse yourself of it; and
- 10) Bathe daily to reinforce the feeling of cleanliness.

Remember:

- Things will get better eventually, and back to normal; the world is not collapsing (don't go "catastrophic").
- Most people are good, and people are going to persevere and help each other -You're tough, you've overcome challenges before; this is a new one.
- This is a particularly strange and unprecedented situation; humour helps once in a while.
- If having obsessive or compulsive thoughts related to the virus, or the broader uncertainty, wash your hands once, and then remind yourself that anxiety is normal in this scenario. But the mind also can also play tricks on us. Try to breathe and move the internal discussion on.
- Live in the moment, think about today, less about the next three days, even less about next week; limit thinking about the next few months or years, for now.

8.6 COVID-19: RESOURCES WITH NO BORDERS (RM)

Key Messages and Actions for COVID-19 Prevention and Control in Schools - March 2020

<https://arnec.net/resource?id=180>

WHO EUROPE RESOURCES

<http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19>

Early learning

<https://earlyedgecalifornia.org/coronavirus-resources-for-the-early-learning-community-in-california/>

Story written by a child social worker to help children make sense of the current situation:

https://8cd9982f-d094-4892-a91c-91cb99ad69ce.filesusr.com/ugd/10ff36_d1e7575fc6214d01bad1cd0cd8921418.pdf

Zero to Three

<https://www.zerotothree.org/resources/3210-tips-for-families-talking-about-the-coronavirus>
<https://zerotothrive.org/>

From a school in Portland:

https://hawthornefamilyplayschool.org/2020/03/12/talking-to-your-child-about-coronavirus-in-ways-that-ease-their-fears/?fbclid=IwAR0zw4PFtDbuWiRdaNmPT6O47ECMFfxrGLtusYtiZ_neggWC94be31rDLSg

From a Colleague in Massachusetts with activity suggestions:

<https://www.somervilleearlyed.com/schoolhomecurriculum>

How to talk to kids about the virus:

<https://childmind.org/article/talking-to-kids-about-the-coronavirus/>

Massachusetts Association for Infant Mental Health (MassAIMH)

<https://massaimh.org/member-resources/covid-19-resources/>

Additional Links

[How can parents talk to children about COVID-19 and its impact?](#)

[Talking To Your Kids About Coronavirus \(WBUR\)](#)

[Wondering About Social Distancing? \(New York Times\)](#)

[8 Ways to Relieve Coronavirus-Induced Anxiety, According to Psychologists \(Prevention\)](#)

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[What to Tell Your Children About COVID 19 \(Supporting Caregivers blog\)](#)
[Cooped up Together: “Getting to Know You” \(Supporting Caregivers blog\)](#)
[Rapid Response Resources: COVID-19 \(PIE Network\)](#)
[Coronavirus: Latest Updates and Tips \(Understood.org\)](#)
[Talking to Children About COVID-19 \(Coronavirus\): A Parent Resource \(NASP\)](#)

From WHO

Advice for the public

English: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
French: <https://www.who.int/fr/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
Spanish: <https://www.who.int/es/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
Russian: <https://www.who.int/ru/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
Chinese: <https://www.who.int/zh/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
Arabic: <https://www.who.int/ar/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

From UNICEF

· [Coronavirus disease \(COVID-19\): What parents should know ...](#)

<https://www.unicef.org/georgia/stories/coronavirus-disease-covid-19-what-parents...>

UNICEF has been preparing and responding to the epidemic of COVID-19 around the world, knowing that the virus could spread to children and families in any country or community. UNICEF will continue working with governments and our partners to stop transmission of the virus, and to keep children and their families safe.

· [Novel Coronavirus \(COVID-19\): What you should know ...](#)

<https://www.unicef.org/indonesia/coronavirus>

The preliminary funds will support UNICEF’s work to reduce the transmission of the virus including by strengthening risk communication and tackling misinformation so that children, pregnant women and their families know how to prevent COVID-19 spread and where to seek assistance.

· [Coronavirus disease \(COVID-19\): What parents should know ...](#)

<https://www.unicef.org/vietnam/stories/coronavirus-disease-covid-19-what-parents...>

UNICEF Executive Director Henrietta Fore. How does the COVID-19 virus spread? The virus is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing and sneezing), and touching surfaces contaminated with the virus.

· [COVID-19: How to keep a strong, healthy body ... - unicef.cn](#)

<https://www.unicef.cn/en/what-we-do/unicef-emergencies/covid-19/how-to-keep-a-strong...>

Six habits you and your family can keep a strong, healthy body and mind during the COVID-19 outbreak. COVID-19: How to keep healthy.

How to Wash Your Hands

Arabic <https://youtu.be/J2U8pYZU0mA>
Bengali <https://youtu.be/hci91Tw2l9A>
Catalan <https://youtu.be/EEen2S3r2D5o>
Chinese (China) <https://youtu.be/43dBot-5OzM>
Chinese (Taiwan) <https://youtu.be/hoZ4le-b5F0>
Dutch <https://youtu.be/kmqf8iaoxw0>
English <https://youtu.be/w1BM4rh11qc>
Fante https://youtu.be/_UJyohqTr9U
Fon <https://youtu.be/PQOe9lxZajc>
French <https://youtu.be/cE9li9C39pM>
Gujarati <https://youtu.be/doCSCztiFjc>
Italian https://youtu.be/_FSDx_oHYbM
Lingala <https://youtu.be/QfUklkPOg0g>
Lomwe (Mozambique) <https://youtu.be/MNR6ABFF1io>
Mongolian <https://youtu.be/02aZtsix640>
Norwegian <https://youtu.be/n1-9TuAeLU8>
Portuguese (Brazil) <https://youtu.be/u2OCDqzNoMc>
Portuguese (Mozambique) <https://youtu.be/9EAZJm8dsuM>
Spanish <https://youtu.be/N8BRAfFQ60k>

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Themne https://youtu.be/1xKtHv15S_s

Urdu <https://youtu.be/l81gwdHJRUG>

COVID and disabilities

<http://www.internationaldisabilityalliance.org/covid-19>

Plain Language Booklet on Coronavirus

<https://selfadvocacyinfo.org/wp-content/uploads/2020/03/Plain-Language-Information-on-Coronavirus.pdf>

Spanish Plain Language Booklet on Coronavirus

<https://selfadvocacyinfo.org/resource/plain-language-information-on-covid-19-spanish-version/>

Child in the City Newsletter (COVID-19)

- [COVID-19 \(corona virus\) – a message to our readers](#)
The global coronavirus (COVID-19) pandemic has resulted in an outpouring of information resources regarding the risks and implications for children and young people. As more and more countries impose strict measures on the movement of people, there are - not surprisingly - many questions being asked by all those concerned with the health, safety and welfare of children...
[read more...](#)
- [Dutch cities giving disabled children equal access to outdoor play](#)
Councillors in the Dutch city of Breda are adding their weight to a national campaign to give equal opportunities for outdoor play to children with disabilities. Erwin Hoek, a councillor with the PvdA party, has written to Breda's city council to ask them if they are willing to make city playgrounds fully-accessible to disabled children...
[read more...](#)
- [Global call to cut urban road speed limits](#)
A global road safety alliance has called on countries to impose mandatory 20mph limits in urban areas to help cut deaths and injuries to pedestrians, including many children. The 'Stockholm Declaration', which was announced at the Third Global Ministerial Conference on Road Safety, aims to cut by half the number of road deaths and injuries...
[read more...](#)
- [Coronavirus, kids and schools closures: A public health expert answers four questions](#)
The World Health Organization has declared a coronavirus pandemic, and more cases have been announced in several US states. Public health scholar Aubree Gordon of the University of Michigan explains why schools across the nation are closing. 1. Can children get COVID-19? Children can catch the virus, SARS-CoV-2, which causes COVID-19, the disease that has infected...
[read more...](#)
- [Under-11s reporting mental health problems to Childline](#)
Under-11s are increasingly calling Childline, the UK's child counselling help service, with mental health concerns and even suicidal thoughts. This concerning trend is highlighted by the organisation as it launches a new nationwide campaign – KIDS in Real Life – which aims to urge the public to help save a child's life 'in real life'....
[read more...](#)
- [How is coronavirus affecting children's health?](#)
It has been widely reported that children are less likely to get severely ill and die from the new coronavirus, according to an article in the New Scientist journal. It points to a study of nearly 45,000 people with confirmed COVID-19 infection which found that children under 10 years old made up less than one per cent...
[read more...](#)

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- [EU plans for helping Greece relocate migrant children](#)
The European Union's human rights arm is proposing how EU member states can respond to the growing call to relocate unaccompanied migrant children from Greece. FRA, the EU Agency for Fundamental Rights, is concerned that there are thousands of unaccompanied children in Greece who are living in 'completely unsuitable' conditions...
[read more...](#)

1. Clinical Care Severe Acute Respiratory Infection. It is intended for clinicians who are working in intensive care units in low and middle-income countries and managing adult and pediatric patients with severe forms of acute respiratory infection. (French)
<https://openwho.org/courses/severe-acute-respiratory-infection>

2. Infection Prevention and Control (IPC) for Novel Coronavirus (COVID-19). This course provides information on what facilities should be doing to be prepared to respond to a case of an emerging respiratory virus such as COVID-19, how to identify a case once it occurs, and how to properly implement IPC measures to ensure there is no further transmission to health workers or to other patients and others in the healthcare facility. (Chinese, French, Italian, Japanese, Indonesian, Russian, Portuguese, Serbian, Spanish) <https://openwho.org/courses/COVID-19-IPC-EN>

3. Emerging respiratory viruses, including COVID-19: methods for detection, prevention, response and control. This course provides a general introduction to COVID-19 and emerging respiratory viruses and is intended for public health professionals, incident managers and personnel working for the United Nations, international organizations and NGOs. (French, Chinese, Spanish, Portuguese, Arabic, Russian, Turkish)
<https://openwho.org/courses/introduction-to-ncov>

4. Protect respiratory infections. This course provides information on the basic knowledge and skills health workers need to respond to acute respiratory infection outbreaks, including what ARIs are, how they are transmitted, how to assess the risk of infection and to understand basic hygiene measures to protect themselves. (French)
<https://openwho.org/courses/eprotect-acute-respiratory-infections>

5. How to put on, use, take off and dispose of a mask.
https://www.youtube.com/watch?v=lrVFrH_npQI&feature=youtu.be

6. Public health interventions in pandemics and epidemics. This introductory level online course provides information and tools for health workers to better manage disease outbreaks and health emergencies. Materials have been originally designed for WHO African region purposes and have therefore references to Africa more than other continents. (French)
<https://openwho.org/courses/public-health-interventions>

7. Risk communication essentials Risk communication is a core public health intervention in any disease outbreak and health emergency. This course provides information on real-time exchange of information, advice and opinions between experts, officials and people who face a threat to their wellbeing, to enable informed decision-making and to adopt protective behaviors. (French)
<https://openwho.org/courses/risk-communication>

<https://mailchi.mp/ecdan/covid19>

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How to communicate with children about COVID-19

[Centers for Disease Control and Prevention: Talking with children about Coronavirus Disease 2019: Messages for parents, school staff, and others working with children](#)

[Early Edge California: A comic just for kids: Exploring the new coronavirus](#)

[American Academy of Pediatrics: How to protect your family](#)

[Covibook: Supporting and reassuring children around the world](#)

[Zero to Three: Tips for Families: Talking About the Coronavirus](#) (US-focused)

[Childmind: How to talk to kids about the virus](#) (US-centric)

[Save the Children: Coronavirus and Kids: Resources](#)

[Save the Children: 7 Simple Tips on How to Talk to Kids About the Coronavirus](#)

[UNICEF: What parents should know](#) (global)

How to organize homeschooling

[Worldreader: Keep children reading](#)

[Khan Academy Kids](#)

[ABCmouse: Full online curriculum for children 2-8](#)

Free for first 30 days.

[Somerville, MA, USA. Early Education, suggestions for homeschool curriculum](#)

[Scholastic: Learn at home](#) (this resource may not work in all settings)

Play

[CreateCATT: Create, Play, Move and LEARN](#)

YouTube link to "Stay at home, play at home"

[Recycle and play](#)

Various play ideas made from recycled items.

[Sesame Street: Toolkits](#)

Have you ever wished that your child came with an instruction manual? Sesame Street Tool Kits are the next best thing. They provide opportunities to build closeness and confidence, making learning fun, and keep your child's world safe and secure.

[Vroom: Play-based activities for children 0-36 months](#)

Everyone has what it takes to help nurture their child's mind. Vroom has 1000+ tips to turn everyday moments with your child into #brainbuilding moments!

[Zero to Three: Play activities for 12-24 months](#)

[NASA: NASA Kids' Club Activities for Children](#)

For neurodiverse children

[Plain language information on coronavirus by and for people with disabilities](#)

This 8-page booklet about the Coronavirus is written in plain language. It was created by and for people with developmental disabilities. It focuses on "need to know" information (not "nice to know" information). Please share it widely. Our goal is to keep people with disabilities healthy during this national crisis.

[Autism: Coronavirus Social Story](#)

Resource for children with autism to help alleviate fears and anxiety many children may be experiencing at this time.

[Sign-language: How to keep safe from coronavirus](#) (video)

For pregnant women

[Centers for Disease Control and Prevention: Pregnancy & Breastfeeding, Information about Coronavirus Disease 2019](#)

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[ChildCare Aware: Should I close my child care program?](#)

Here you will find a decision tree that adapted from the CDC's guidelines for K-12 schools. These questions will help you determine whether to stay open or close in response to COVID-19.

[Center for Learning in Practice: Moving Learning Online in Emergencies](#)

Professional resources, virtual events, forums, and a vital community exists to support you now! Learn to stay productive while working remotely.

[Urban Institute: Policies, Practices, and Resources for Child Care and Early Education Providers Amid the Coronavirus Crisis](#) (US-focused, but applicability elsewhere)

[UNESCO: How to plan distance learning solutions during temporary schools closures](#)

[National Institute for Early Education Research \(NIEER\): Resources for early childhood workers and parents](#)

Webinars

[Bracing for COVID-19: What Early Childhood Programs Need to Know and Consider Now](#)

Advocacy

[ChildCare Aware: The Latest Resources for Child Care Resource and Referral \(CCR&Rs\) Agencies and Providers](#) (US-focused)

Resources for child protection practitioners

[The Alliance for Child Protection in Humanitarian Action](#)

Arabic

[Arab Resource Collective](#) (Facebook)

[UNICEF: What parents should know](#)

Bahasa Indonesian

UNICEF: What you should know (Indonesia): [English](#) | [Bahasa](#)

Chinese

UNICEF: How to keep a strong, healthy body and mind (China): [English](#) | [Chinese](#)

UNICEF: Tips to reduce risk: [English](#) | [Chinese](#)

French

[UNICEF: What parents should know](#)

Portuguese

[Covibook: Sou um VIRUS, primo da gripe e do resfriado...](#)

Spanish

Plain language information on coronavirus by and for people with disabilities: [English](#) | [Spanish](#)

Sesame Street: Toolkits: [English](#) | [Spanish](#)

[UNICEF: What parents should know](#)

Vietnamese

UNICEF: What parents should know: [English](#) | [Vietnamese](#)

8.7. Complex Games (for adults only) and coincidences (RM)

Guess:
One of these three images is a planet. Can you identify it?

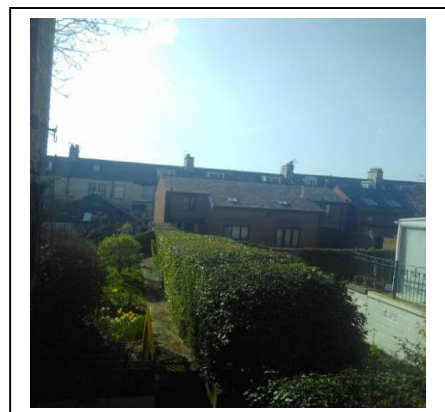


NT: it takes some people a lifetime to find the right answer

Coincidences?

The same day we developed this metaphor on the virus and earth, The Guardian published this image (provided by TW)

The same day that one of our colleagues mentioned that “she was working in Emergency Unit”, TW provided this image and his phrase:
“Blue sky lightens every load”



8.8. Anything to celebrate?

There is life beyond COVID-19. So let's think that there are important days to celebrate in the coming future....

