ISSOP e-Bulletin Nº 47
September 2020

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1. Introduction

We are now entering the 8th month of the COVID19 pandemic (taking February as the first) with still no end in sight. Everyday life has had a big shake up and much has changed that won't come back – we all miss live music, live drama and meeting with friends in their houses. But maybe some good things will come out of this traumatic period? This month in the e-bulletin we focus on some of them with perspectives from across the world in section 8.

We also look at immunization and how we can maintain high rates as confidence in vaccines dip. The evidence on re-opening schools is covered in 7.1 – this is a topic that worries us all. And in 2.1 there is a report of a remarkable statement from the American Academy of Pediatric in which the Academy apologises for its past contributions to inequity in the field of paediatrics. This is a brave stance which we should all applaud.

Please complete the important survey on nuclear weapons (3.4) which will assist us in taking forward the collaboration between ISSOP and International Physicians for the Prevention of Nuclear War.

As ever, we invite your contributions and comments and particularly from new readers of the e-bulletin.

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

ISSOP e-Bulletin Nº 47
September 2020
1.1. Message from Jeff Goldhagen - President of ISSOP

Dear colleagues and friends,

Though the COVID-19 pandemic has stolen the attention of the world, fires are scorching the Western US, a record hurricane season threatens the Caribbean, Europe has endured record heat, the poles are melting faster than previously predicted—in short, climate change remains the greatest existential threat facing children globally. In response and in place of our annual meeting, we will be launching a series of monthly webinars on *Responding to the Impact of Climate Change on Children* beginning in January. Each presentation will be followed by local and regional discussions as to how to translate the knowledge accrued into practice, systems development, and policy generation.

We would like to establish as many "discussion groups-hubs" globally as possible. Toward that end, please let us know if you can commit to help us organize these groups—that may be regional or national in scope. Your responsibility will be to identify moderators for each month's discussion group and participate in post conference planning for how best to collate and disseminate the insights accrued in the discussion groups.

With the surge in the pandemic in the majority world and increasing numbers of cases in Europe and the US; concerns about the equitable distribution of a vaccine should it become available; and the intrusion of politics into the response to the pandemic, the work of ISSOP's regional groups on the impact of the pandemic on children has become increasingly important. We currently have 8 Thematic areas in which we are working. This volume of the Bulletin discusses this important work. Again, we urge you to become involved.

Other great ISSOP work continues. Two papers have been accepted for publication pending revisions—one on our response to COVID-19 and the other on defining violence against children-on-the-move at the US Southern Border and elsewhere as torture. We continue to work with IPPNW to advance our role responding to the ever-present threat of nuclear weapons. A new initiative has been launched, called SocialPedia, to define the principles and practice of Social Pediatrics in the future. We have a working group on advancing the principles of Planetary Pediatrics—and much more.

So, there is much happening, and we continue to need your support and leadership. Please join me on thanking our members who have taken the lead on these initiatives. And as always, thanks to the team who produce this amazing Bulletin.

Jeff Goldhagen

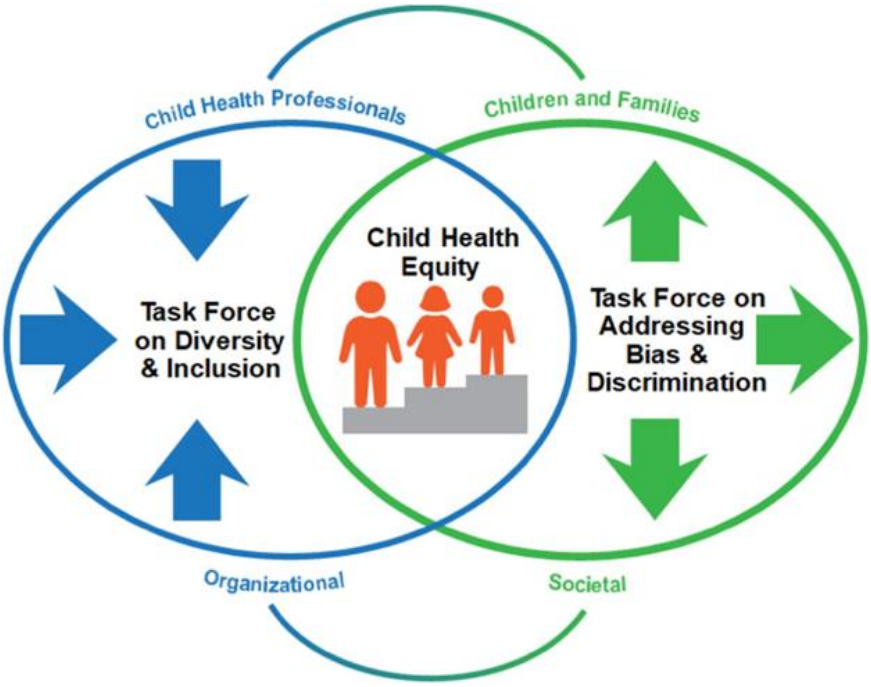
2.1 Truth, Reconciliation, and Transformation: Continuing on the Path to Equity

American Academy of Pediatrics Board of Directors
Pediatrics September 2020, 146 (3) e2020019794;
DOI: https://doi.org/10.1542/peds.2020-019794

"In the United States there is a tendency to be ahistorical when it comes to race. The lack of acknowledgment or worse, the intentional whitewashing of history and the longitudinal relationship of 400 years of oppression on the present-day expression of racism is not uncommon. As the AAP turns the corner toward the 2030 centennial anniversary of its founding, we cannot do so without authentically acknowledging, owning, and reconciling past discriminatory transgressions like the shameful gauntlet to membership experienced by Drs Alonzo deGrate Smith and Roland Boyd Scott."

As the US and many other nations around the world begin to authentically acknowledge and address racism and its impact on society, the AAP published a public apology for its past contributions to inequities in the field of pediatrics. AAP members were asked this week to vote on a bylaws referendum that will explicitly codify that AAP membership does not discriminate on the basis of race, ethnicity, religion, sex, sexual orientation, gender identity, disability, or national origin.

Included in this statement is the AAP Equity Agenda:



Rita Nathawad

2.2. Lebanese children after the blast

On August 4, at around 6:00pm, a warehouse at the Beirut Port containing large quantities of ammonium nitrate exploded. After an initial explosion, a subsequent blast caused widespread damage, with reports of damage more than 20 km from the port area.

Hundreds of buildings including grain silos storing around 85 percent of the country's grain, and numerous residential places have also been damaged or completely destroyed. Three hospitals in the Beirut Area, which welcome both Christian and Muslim patients, were severely damaged. Additionally, many historical church related schools in Gemmayzeh, Mar Mikhael and Achrafieh were badly affected just before the coming academic year in September. The Christian quarter of Beirut is totally devastated and at least ten churches have been destroyed. Moreover, official governmental reports estimate that more than 180 people were killed including 3 children and around a 100 are still missing, over are 5,000 injured, and more than 300,000 people were left homeless in the Greater Beirut area.

As Lebanon is already struggling from the financial crisis, the high rate of unemployment, the hyperinflation and the Lebanese Pound devaluation, while hosting large number of refugees, this explosion came to deepen the crisis and put extra pressure on the Lebanese population, the Lebanese government and the refugee communities. Adding to that the COVID-19 transmission, which is straining the country's health system and particularly the children health.

Lebanon has been through a lot: wars, crises and catastrophes. However, what happened on August 4 in the port of Beirut went beyond anything the Lebanese could have imagined. The explosion reduced large parts of the capital to rubble and made all Lebanese people lose their hopes for a better life. Until now, Lebanon is still living under the impact of trauma.

Pray for Beirut- Gurbuz Dogan Eksioglu

Noting that the **level of damages** in Beirut is beyond the capacity of the Lebanese governments, existing INGOs and LNGOs as to date, it is estimated **at around 5 Billion US$.**

For now, volunteers from all denominations and civil society groups have stepped in to fill the gaps left by the government and began removing the rubble and debris from streets, hospitals in order to show that life can continue in the midst of tragedies. Monasteries and schools were opened to host people who have been left without a roof and daily food is served to people in need.

God save Lebanon!

Prof Joseph Haddad
Prof of Pediatrics and Neonatology
Saint George University Hospital Beirut Lebanon
Executive Committee International Pediatric Association (IPA)
President Union of Arab Pediatric Societies

3. International Organisations

3.1 ISSOP/INRICH Research Group: Immunization Thematic Group

Country & Regional data on changes in childhood routine vaccination coverage during the pandemic

The ISSOP/INRICH COVID-19 research group has been meeting regularly since early May. There are 8 thematic groups covering studies on voices of children, children with disabilities, immunization, policy issues, population-based cohort studies, parental & child mental health and stress, clinical studies and violence against children. This brief report focuses on country & region data on changes in childhood routine vaccination coverage during the pandemic compiled by members of the immunization thematic group.

We have collected data from 9 countries and 2 regional reports. Reductions in coverage in the early months of 2020 compared with 2019 are reported in all countries. WHO/UNICEF report reductions in all WHO regions confirmed for Latin America and the Caribbean by a separate PAHO report.

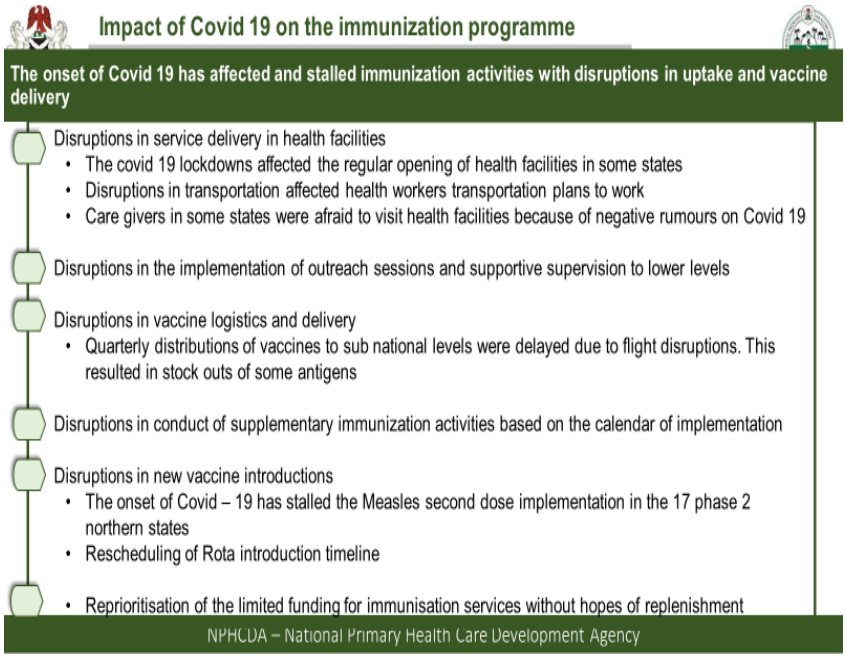
Percentage reductions vary widely by country or region and vaccine. In WHO regions covering predominantly low- and middle-income countries (LMICs), preliminary data shows reductions in coverage of DPT vaccine in March and April 2020 compared with the same months in 2019. The smallest reductions of around 15% were noted in the Africa and America regions but the South East Asia region had a precipitous fall of approximately 60% having exceeded 2019 figures in January and February. The fall in the Western Pacific region is less marked but it amounts to a 40% reduction on 2019 as it was 20% below 2019 figures for January and February.

Individual countries in LMICs demonstrate different patterns of reduction. Measles vaccine coverage in Colombia was reduced 7% in April 2020 and 11% in June compared with the same months in 2019 but in both years coverage was low (e.g. 55% June 2019 and 44% in June 2020 – see Figure 2). Pentavalent vaccine coverage showed a similar pattern. From coverage rates greater than 88%, the national data for Nigeria show increasing reduction in coverage of pentavalent 3 vaccine of 8% in March, 15% in April and 22% in May 2020 compared with 2019 (see Figure 3). The Central and Eastern regions of Fiji are the exception in maintaining measles and rubella vaccine 1 (MR1) in the high 90s through the first 5 months of 2020 but the Northern region has coverage of only 43.8%.

Reductions in coverage in high income countries (HICs) for which we have data vary. Coverage in England has shown limited reduction with vaccination counts for first dose MMR in children aged 12 to 18 months, and first dose of the hexavalent vaccine (DTaP/IPV/Hib/HepB)in children aged6 months, falling at the introduction of the physical distancing measures in March 2020 compared to same period in 2019 but rising from mid-April onwards to rates comparable to vaccination counts prior to the pandemic. Rates in Japan have shown some decline but are also recovering. Hexavalent

vaccine coverage in children in Madrid, Spain in March 2020 was down 17.5% compared with the same month in 2019. Data from the USA is based on vaccines ordered and is a proxy for vaccines given. Measles containing vaccines showed a very marked reduction following the declaration of a US national emergency in mid-March reducing to 30,000 vaccines ordered in the week beginning 30th March, 2020 compared with 130,000 in the comparable week in 2019.

Given economic and service lockdowns and severe restrictions on social contacts, the reductions in vaccination coverage are unsurprising. However, they have potentially serious consequences for child health and are a significant part of the indirect impact of the pandemic on children. The Nigerian National Primary Care Development Agency has listed the main reasons for coverage reduction in Nigeria (see Box).



One of the outputs of the Immunization Thematic Group is a rapid review of whether pandemics, including COVID-19, increase existing inequities in routine vaccination coverage which has been submitted to the BMJ Paediatrics Open. We failed to find any studies which had examined this potential effect of pandemics. Data from Fiji, Colombia and the USA suggest the possibility that coverage across poorer regions or among poorer children may have fallen more than other regions/children. We will be exploring this further in the thematic group. We would welcome comparable data from other countries.

Immunization Covid-19 Thematic Group members: Nick Spencer (UK); Nusrat Homaira (Bangladesh & Australia); Angela Okolo (Nigeria); Rita Nathawad (USA); Maria Lucia Mesa (Colombia); Catalina Jaime (Colombia); Margaret Lynch (UK); Wolfgang Markham (UK); Hajime Takeuchi (Japan); Azusa Iwamoto (Japan); Emmanuelle Arpin (Canada); Jeff Goldhagen (USA)

3.2 ISSOP Activities around the world

ALAPE-ISSOP webinars in Social Paediatrics

As part of the initiative developed by ISSOP in response to COVID-19, different regions of the world have undertaken a variety of activities.

The regional group of Latin America and the Caribbean, through the Social Paediatric Committee of ALAPE (Latin American Paediatric Association) and ISSOP, started a series of webinars in Spanish.

The idea is to promote a reading of the pandemic from Social Paediatrics (social determinants, equity and children's rights).

The first, held on September 9th, addressed the issue of Childhood and Adolescence Policies during the Pandemic. It was a comparative analysis of the responses of some countries in the region (Jorge Cabana –Argentina-, Maria Camila Pinzon and Maria Lucia Mesa –Colombia- Maria del Carmen Calle-Peru) and moderated by Fernando Gonzalez (Chile). It had the participation and support of Oswaldo Revelo, President of ALAPE.

The second webinar will be on territories and COVID-19. The idea is to find out how different countries respond to COVID and its effects on children, as well as to analyze how health systems and services have conditioned their capacity to provide care. We will have the participation of colleagues from different countries and regions: Barbara Rubio (Spain), Dodi Meyer (USA), Manuel Katz (Israel), and Ernesto Duran (Colombia). Raúl Mercer (Argentina) will moderate this activity.

3.3 International Child Health Group

The International Child Health Group (ICHG) is a special interest group of the Royal College of Paediatrics and Child Health (RCPCH). It is a group for paediatricians and health professionals with an interest in advocating and advancing child health internationally. It was formed in the 1970s as the Tropical Paediatric Group, with paediatricians who had worked all around the world forming the nucleus of its membership. In 1986, it became the ICHG. Today, it boasts an international membership and continues to work in promoting all aspects of international child health, from education to research to advocacy. Our vision is to bring everyone with an interest in child health together, beyond paediatricians, and provide a platform to allow discussion, mentorship and career development. We collaborate closely with other organisations such as CHIFA and this year we are hoping to also collaborate with ISSOP which is very exciting. The ICHG has done much to seed those all-important partnerships between child health workers around the world. What we do:

EDUCATION AND TRAINING:

- RCPCH Conference + Winter Meeting 13/11/2020: **'Striving to Thrive: Nutrition through the ages'**
- Webinars and Podcasts focused on Global Child Health coming soon!
- Mentoring
  The Global Health Mentorship scheme will be launched in November 2020. This is a new mentorship scheme for all students and professionals with an interest and a passion for global child health.

RESEARCH

- We will be starting a new research network focusing on global child health.

ADVOCACY

- Sign up to the ICHG to receive the latest newsletters on our Advocacy projects. Our most recent piece was on advocating to mitigate the indirect effects of COVID -19 on child health around the world.

AWARDS

- We have four different awards: Global Child Health Intercalators and Elective award for medical students; an Advocacy award; and a Research Award. Have a look at our website for further information.
  www.internationalchildhealthgroup.com @intchildhealth

Paula de Sousa on behalf of the ICHG.

3.4 Initiative between IPPNW and ISSOP¨against nuclear war

ISSOP and IPPNW (International Physicians for the Prevention of Nuclear War) have been working together to identify ways to connect the worlds of social pediatrics and nuclear war prevention advocacy. Despite the potential health impact of nuclear war on children, pediatric providers are not specifically involved in this advocacy and training in this area is not a common topic in trainee curriculum. As we consider what steps we may take as an organization to develop a clearer position on this topic, we invite you to participate in a brief survey. Please use the link below to access the survey. Your results will be anonymous.

https://ufl.qualtrics.com/jfe/form/SV_eDoAsetys0gBVC5

Franca Bruggen Jeff Goldhagen Yvon Heller
Liv Lynga Rita Nathawad Tony Waterston

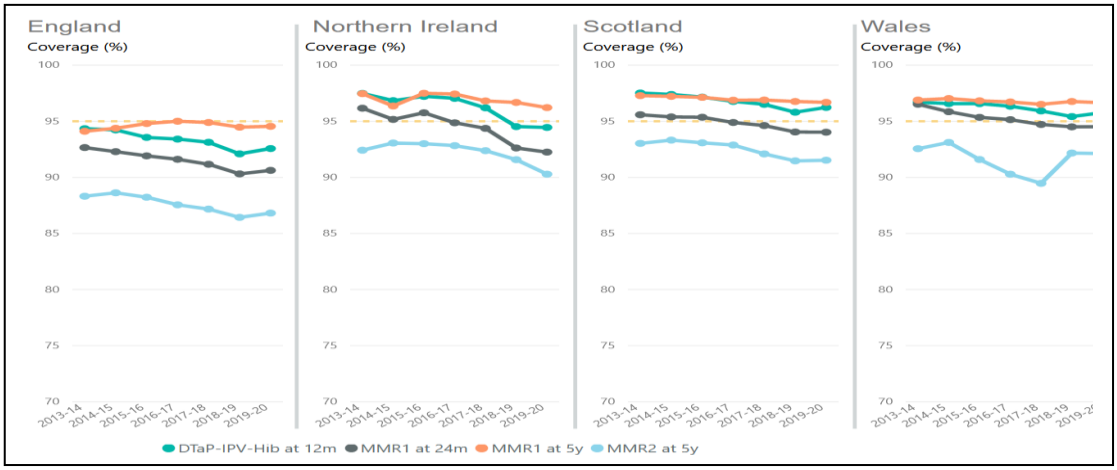
4. Current Controversy

4.1 Current trends in immunisation uptake: report from UK

Child Immunisation Uptake in UK

Immunisation uptake in UK is measured using local population registers and is aggregated nationally and reported every quarter. From 2014/2015 to 2018/19, immunisation rates had fallen in UK.

NHS Digital. Childhood Vaccine Coverage Statistics. 24 September 2020. https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england---2019-20



However, this had neither been consistent across our four nations, nor across all vaccines. The uptake of the first dose of MMR by 5 years of age had, on the whole, remained steady, whereas the uptake of the second dose had, like that for other vaccines, fallen. Although the fall had been less than a percentage point each year it had been steady and enough to increase the risk of diseases, particularly measles. Encouragingly, data for 2019/20 shows a halt to this decline and in increase in uptake of some vaccines.

In the UK, although significant numbers of parents want to discuss immunisation with their provider and are satisfied after an informed discussion; very few could be described as anti-vaccine. This is borne out by regular surveys conducted by Public Health England showing increasing confidence in vaccines. The most common reasons for non-vaccination relate to infrastructure problems such as lack of adequate call-recall systems, clinics that are not family friendly, (offered at inconvenient times or in unwelcoming settings), or healthcare professionals who do not have time to talk. Children in large families, who attend hospital or are from some ethnic minority groups are among those at greater risk of under-immunisation. The solution is to address the infrastructure problems, ensure that healthcare professionals are trained to address parents' concerns and immunise opportunistically. Paediatricians have an important role in emphasising the importance of immunisation and perhaps immunising in their clinics more.

Immunisation rates have fallen in many countries due to the Covid pandemic, but, in a lot, rates are rising again.

Countries are desperately looking for vaccines to control the pandemic and at the last count there were over 240 candidate vaccines. However, there are only nine in the final phase of

testing and none have been approved by regulators. Unfortunately, the race to find a vaccine has been caught up in macho politics and many have expressed concerns that short cuts may be taken. International regulators and vaccine manufacturers have issued statements stating that they will go through the usual processes, though this can be speeded up by running some processes concurrently. At the moment it is unclear when we will have a vaccine, whether one or two doses will be required, the duration of immunity and how well it will protect, particularly in the elderly and in those with co-morbidities. The most likely outcome will be more than one vaccine, but it is unlikely that any will be available for mass vaccination until the first half of next year. It is to be hoped that international initiatives to deliver vaccines equably on the basis of need, will be successful, but so far, China and USA have not signed up to these agreements.

Helen Bedford
Professor of Children's Health, UCL Great Ormond Street Institute of Child Health

David Elliman
Consultant in Community Child Health, Great Ormond Street Hospital & Public Health England

Further reading

Royal College of Paediatrics and Child Health. Vaccination in the UK – position statement. 2020. https://www.rcpch.ac.uk/resources/vaccination-uk-position-statement.
Bedford HE, Elliman DAC. Fifteen-minute consultation: Vaccine-hesitant parents.
Arch Dis Child Educ Pract Ed. 2020 Aug;105(4):194-199.

TW writes: please also note the following link to a Guardian article on the rise in anti-vaccination posts on Faceboook which is very concerning
https://www.theguardian.com/media/2020/sep/19/engagement-anti-vaccine-facebook-posts-trebles-one-month-coronavirus

5. CHIFA Report – IPA Report

5.1 CHIFA Report

The following posting on CHIFA in September will be of general interest and comes from Dana Moss, Physicians for Human Rights, Israel.

In early August, Physicians for Human Rights Israel (PHRI) - an Israeli human rights organization focused on the right to health - sent an update to the CHIFA community to highlight obstacles the Israeli authorities had placed on access to medical services by Gazan children.

Medical organizations stand up for right to health:
In response to PHRI's call, several organizations, including the International Society on Social Pediatrics and Child Health (ISSOP) and the European Academy of Pediatrics called on the Israeli Pediatrics Society to work to ensure that children be given "swift and safe access to medical treatment in the West Bank, East Jerusalem and Israel". The Israeli Pediatrics Society then wrote to the Ministry of Health for clarification and noted in its public correspondence with the aforementioned organizations the importance of the rights of all children, regardless of nationality.

Child separation and medical impact:

Since the breakdown of the coordination mechanism between the Palestinian Authority and Israel, PHRI has assisted 266 patients, including 59 children, 20 of whom had cancer, who needed a medical exit permit from the Israeli authorities to leave Gaza and secure treatment in the West Bank, East Jerusalem and Israel. These children were unable to receive a medical exit permit after because their parents were denied an accompanier permit and so could not leave with them for treatment. This forces upon families with sick children a nearly-impossible choice: parting from the child, and sending them with someone else (a distant relative, or even a stranger) to undergo invasive treatment and surgeries, so that the child can secure medical care, or try again to secure a permit, with concomitant delays to treatment. These most recent developments continue the situation which PHRI has documented since 2018 and, indeed, in 2019, according to Ministry of Defence figures, 1 out of 5 children from Gaza left for treatment. without their parents.

The presence of parental figures has a medical impact, including on recovery speed, while childhood trauma resulting from separation is widely noted in medical literature. The Charter of the European Association for Children in Hospital (EACH) codifies the principle that "parents are considered by the caring team as partners who are as much as possible involved in the treatment of their child." It further notes that "the right of children not to be separated from their parents, and to have their parents with them, is integral to the care of sick children. The best interests of the child should always be taken into consideration." and that "Children have the right to have their parents with them regardless of the child's age, 24-hours a day." As such, back in March 2020, the International Society of Social Pediatrics and Child Health condemned child separation - whether in the US or in Gaza - due to its impact on children.

Possible steps forward:

The lack of sensitivity to the rights of children in this context has been roundly criticised by the UN Committee on Economic, Social and Cultural Rights, which called on the Israeli authorities to "ensure that all children referred for medical treatment outside Gaza can be accompanied by at least one of their parents."

A UN mediated temporary coordination mechanism has, as of the first week of September, been instituted and will assist in coordination medical exit permits. However, Israeli policy regarding child separation and the root of the problem - the permit system - has not changed. The recent involvement of professional organizations abroad sends a clear message: healthcare workers have a professional and ethical duty to protect the right to health. We are happy to hear that the Israeli Pediatric Society has turned to the Ministry of Health, and hope that the Israeli Pediatric Society will now take a clear and unequivocal position in support of the rights of children in Gaza, including as regards child separation.

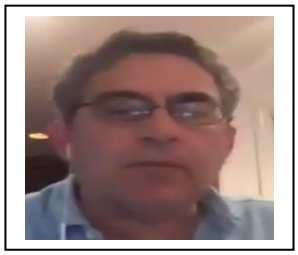
Best regards,

Dana

Dana Moss is International Advocacy Coordinator at Physicians for Human Rights Israel. Professional interests: vulnerable communities.
Email address: dana@phr.org.il

5.2 IPA Report

On September 26 and 27, the IPA Virtual Standing Committee Meeting was held, two intense work mornings in which he presented the President's Report and discussion on IPA Congress by Errol Alden, the Executive Director's Report- Naveen Thacker, the Coordinator's Report- by Jonathan Klein.



The next day the reports of the Regional societies were presented. ISSOP had a space to present the response plan to confront COVID-19.

An interesting aspect is that two regional societies incorporated the strategic activities into the effective alliance with ISSOP. Such was the case of ALAPE (Latin America and the Caribbean) through its President Oswaldo Revelo (joint organization of webinars, ratification of the Declaration of ISSOP) and the African Region where 2 of the 10 strategic lines contemplate joint work with ISSOP (working with disabilities and training human resources)

ALAPE

- Social Pediatrics Committee
- Adolescent Committee
- Sudden Death Prevention Committee
- Disability Committee
- Breastfeeding Committee
- Neonatology Committee

- Participation in conjunction with SLIPE in the preparation of the "Document on vaccination and immunization services during the COVID-19 Pandemic"https://alape.org/wp-content/uploads/2020/05/DOCUMENTO-LATINOAMERICANO-SOBRE-VACUNACIÓN-Y-SERVICIOS-DE-INMUNIZACIÓN-DURANTE-LA-PANDEMIA-COVID-19-DIGITAL.pdf which has been widely disseminated on our website and on our social media.
- We have adhered to the ISSOP Declaration Advancing Health Equity and Social Justice in Response to COVID-19, May 2020.https://alape.org/declaracion-issop/
- We published a statement on Safe Sleep for Babies During the COVID-19 Pandemic. Prepared by the Sudden and Unexpected Infant Death Committee https://alape.org/wp-content/uploads/2020/07/Juan%CC%81o-seguro-Covid-19-ALAPE-1.pdf

AFRICA

9. We are also collaborating with The President, International Society of Social Paediatrics (ISSOP) Prof Jeffery Goldhagen and the African Regional Coordinator for ISSOP, Dr Rosie Kyerematen on having a workshop on Social/Community Paediatrics. The aim is to encourage African Paediatricians to specialise in this area.
10. We are also planning with ISSOP on how to how to help African countries come up with strategies to take care of disable children.

Finally, there was a space for SAG's (Strategic Advisory Groups) reports where ISSOP (Raul Mercer) together with EPA-UNEPSA (Leyla Namazova-Baranova) made a presentation on child rights and child health.

6. Trainee report

Consent to Trainee Involvement in Pediatric Care

Authors: Emily A. Largent, J.D., Ph.D., R.N.
N Engl J Med 2020; 383:1097-1099
DOI: 10.1056/NEJMp2004237

A recent perspectives piece in the New England Journal of Medicine, written by the mother of a medically complex child and a bioethicist, describes the lack of attention and policies for obtaining consent from caregivers and assent from pediatric patients when a trainee will be delivering care.

The author acknowledges the need for trainee involvement in care and was once herself a nursing student faced with the same challenge of needing clinical experience to build her skills. She describes biomedical knowledge as a public good and states, “All of us take advantage of this public good; we all therefore have a prima facie obligation to contribute to training. Helping families understand the importance of their contributions to medical education and their moral obligation to contribute when doing so is not excessively burdensome will require both education and cultural change.”

The argument posed by the author is that we could do better in obtaining consent and assent when trainees are to provide care. Many may suggest that by seeking care at a training hospital consent to be cared for by trainees is implicit. From an ethics standpoint, the author notes the dangers in this practice.

In addition, when permission is obtained, it is not obtained with the same rigor as one would obtain consent to treatment or procedures. For example, when introducing a trainee, we assume that caregivers and patients understand the differences between a student, resident and fellow, which they are often not familiar with. We often assume that lack of objection to be cared for by a trainee is the same as consenting or assenting, which it is not. In pediatrics we often only obtain permission or consent from the caregiver, completely ignoring the rights of the child to have a voice in matters that affect their care.

Finally, trainees learn communication and professionalism through patient encounters and observing practices where the caregivers explicit permission and the child’s assent for them to provide care is not obtained sends the message to trainees that consent is not important and teaches the patient that their autonomy is not of importance.

As the author so eloquently states of her daughter, “Seeking her assent increases her awareness of her situation, calibrates her expectations, creates an opportunity for shared decision making, and prepares her to assume an ever greater role in her own health care.”

Rita Nathawad

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7. Publications

7.1 Global Guidance on Reopening Early Childhood Education Settings

As countries make decisions to reopen schools, there are unique considerations related to opening early childhood education (ECE) settings with holistic approaches to nurturing care and learning for young children. Reopening ECE settings can provide children with much-needed emotional support, learning opportunities and offers reliable childcare options for parents returning to work. Though there will be challenges, young children are highly resilient and adaptive. With clear and consistent instructions and a nurturing environment, they will be able to adjust and thrive in their new learning environment

In the *Framework for Reopening Schools,* UNESCO, UNICEF, the World Bank, the World Food Programme and UNHCR highlight six key dimensions to consider when planning for reopening: policy, financing, safe operations, learning, reaching the most marginalized and well-being/protection. The World Health Organization (WHO) offers guidance for reopening schools based on careful risk assessment of community engagement and the government's ability to sustain social and economic support to the most vulnerable populations, as well as epidemiological factors and health-system and public health capacities. This Global Guidance on Reopening ECE Settings is aligned with the *Framework for Reopening Schools* and the WHO guidance, but provides additional content specifically for ECE settings. For more information, see the links below.

https://www.unicef.org/media/82946/file/Global-guidance-on-reopening-early-childhood-education-settings.pdf
https://www.unicef.org/media/71366/file/Framework-for-reopening-schools-2020.pdf

A further report on school re-opening was circulated to ISSOP members by **Dr Ute Thyen** of Germany. The report comes from the American University of Beirut and can be accessed

COVID-19 Supplement on School Re-opening (2 of 3): Impact of School Closure/ Reopening and School Management Practices on COVID-19 Pandemic (https://www.aub.edu.lb/k2p/Pages/K2PEvidenceSummary.aspx).

This document synthesizes the latest evidence around the effect of school closure/ reopening, existing school management practices on COVID-19 pandemic and countries' experiences in this regard.

7.2 Ending violence against children: what can global agencies do in partnership?

Several ISSOP members were authors of this important paper which has just been published in Child Abuse and Neglect, with lead author our colleague Shanti Raman.

The article describes the work of ISSOP, ISPCAN (the International Society for the Prevention of Child Abuse and Neglect) and the IPA in developing a position statement on violence against children :

The strength of the position statement was the explicit incorporation of a rights-based expansive understanding of VAC, with a description of typologies of violence pertinent to children globally, including child labor, children in armed conflict, trafficking of children and gender-based violence; and the identification of strategies both in preventing violence from occurring and ameliorating the effects in its aftermath. We report on the challenges and successes of our collaborative action at regional and supra-national levels, including opportunistic action.

7.3 Arms sales and child health

Feinstein and Choonara write in the BMJ Paediatrics Open on the connection between the arms trade and child health (a topic that was also covered in the ISSOP meeting in Beirut last year).

The review looks at military expenditure world wide and the figures are almost unbelievable in comparison to spending on humanitarian concerns: for example, the military spending of the US alone is 2019 was $732 billion, compared to the estimates for achieving SDG 3 (health) and 6 (water and sanitation) together of $388 billion. The authors also refer to the futile waste of spending on nuclear weapons whose destructive capacity is unimaginable – see 2.2 for ISSOP's prospective work with IPPNW, the International Physicians for the Prevention of Nuclear War. The review further describes the high level of corruption involved in the arms trade both at the consumer and the producer end, and the particular case of Yemen, where weapons sold to Saudi Arabia by the UK are used daily despite a court case declaring the trade to be illegal.

The paper calls for the following actions by the public, and supported by health professionals to give much greater publicity to this inhuman trade in weapons –

Actions needed to reduce arms trade and improve child health

- Signing and ratification of the UN treaty on the prohibition of nuclear weapons.
- Support the call for a global ceasefire by the UN secretary general.
- Immediate global reductions of military expenditure by 50% with the money being invested in health and education.
- Recognition that the arms trade has an adverse health effect on children.
- Diversification of the arms industry into renewable energy to minimise the climate emergency.

Tony Waterston

8.1. Post-COVID future for children in Iceland

Geir Gunnlaugsson, Professor of Global Health, University of Iceland

Children in Iceland have felt the impact of the pandemic as children in other corners of the world while the context may differ. Day-care centres and compulsory primary schools were not closed, as in many other countries, and attempts made to keep the daily life of the youngest generation as normal as possible. Yet, some sections were periodically forced to close as infected staff and their contacts had to quarantine. Further, some preventive healthcare services were postponed, e.g. preventive child healthcare surveillance visits at the age of 2.5 and 4 years that focus on development and behaviour, in addition to vaccination at 4 years. How the pandemic may affect children´s later health and wellbeing, and how the delay will be recovered is still to be seen. Unfortunately, on-going cluster outbreaks in the country continue to threaten the delivery of healthcare services that are not directly related to the pandemic.

The pandemic may contribute to increased awareness of children and young people of the fact that despite the geographic location of Iceland in the North Atlantic Ocean, they are a part of the global village. Thus, threats to livelihoods in one (far-away?) place, including war and climate change, may also affect their lives in Iceland in the near future, and call for their action. Finally, it is to be hoped that the funding of preventive child health services, including maternal, neonatal, child, and adolescent health services will be strengthened still further with special attention given to those who are most vulnerable in the society. The governmental response to Covid-19 has given ample evidence that there is no lack of funds if there is political will.

8.2 COVID-19 pandemic and children in Japan

Hajime Takeuchi (Paediatrician from Japan)

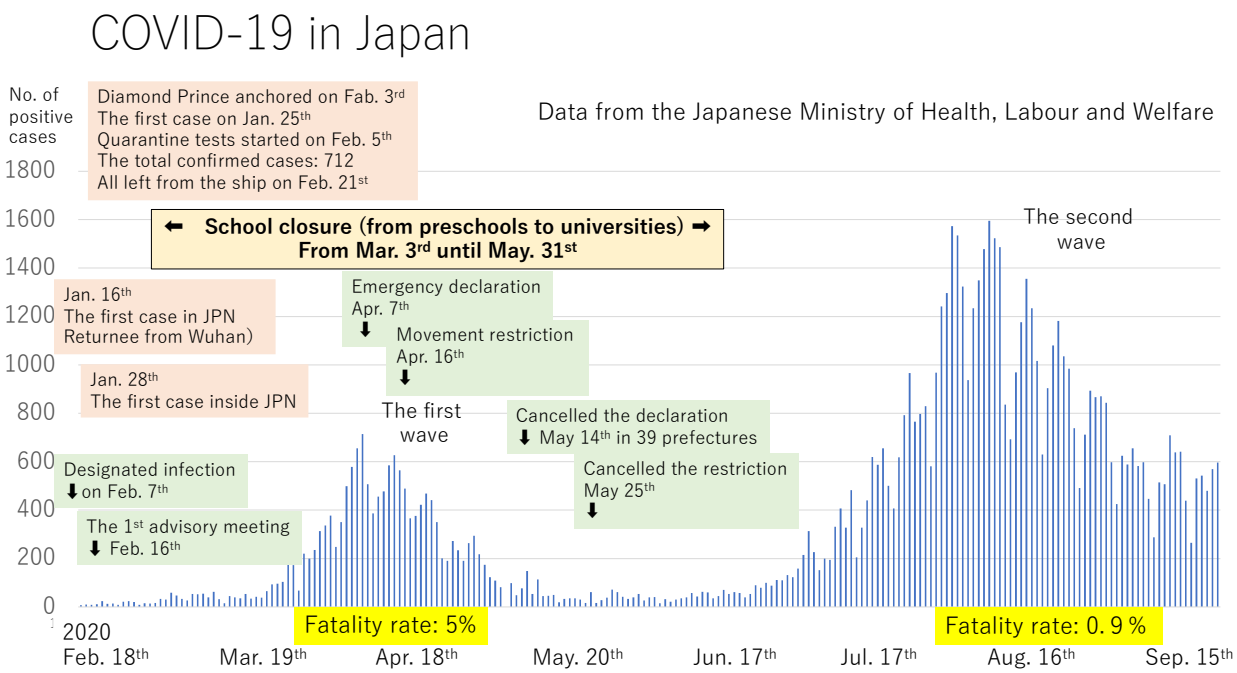
School closures, as in many countries, were suddenly enforced in Japan for children without asking their opinions. “Staying-at-home” for them was not an administrative policy but substantially it became compulsory, and parks for children were also closed. So, there was no choice for them except for staying-at-home. But it is not fair comparing children at school to the business community. Because business activities were slowed down but were not shut down. Please take a look at the figure. There was no evidence, but children were forced to stay-at-home longer than any other generations.

Some children became over-weight, and others suffered from starving without school lunch in this high-income country. Many children were exposed to every forms of child abuse, while they were struck by the feelings of being ignored by society. Most of these episodes seem to be behind closed doors. The period of staying-at-home was challenging especially for these vulnerable children.

Researchers including us started to gather real voices from children. They are worried about not only their own daily lives but also financial or mental situations of their parents. They are not living alone.

Children are surviving in this difficult situation through playing games with remote friends. There are two sides to consider. This virtual world is the only space for them but is making them separate from reality.

How can we flourish their future?
We started to listen to children's voices.
I think that this is the first step for us to take.



8.3 Post -COVID future for children in UK

Tony Waterston, Newcastle upon Tyne

There are always some benefits and some pitfalls which follow traumatic events in our lives and this is so much true for the pandemic which has now been with us in the UK for over 7 months. The following are a personal view on how these will affect children.

The down side

Looking at the bad things first:

- The UK economy is sliding to rock bottom and this will adversely affect children in low income families the most, despite some government policies to mitigate this. The footballer Marcus Rashford has brilliantly highlighted how poor children go hungry and is pushing hard for more income support and free school meals.But we'll certainly see increasing child malnutrition and more diseases of poverty
- The health service is hard hit and people are missing out on regular care, so children with disabilities and long term illnesses will be adverserly affected. Immunisations rates have dropped (see article at 4.1) so infectious diseases will creep up.
- Many children have missed out on school attendance amidst school closures and this continues with local COVID outbreaks. Again poor children will miss out most so educational inequalities will increase. Mental health problems related to being off school are also on the up.
- Owing to COVID we are not doing enough to tackle the climate crisis – though as Geir says above, the pandemic has shown that there is no lack of funds when there is political will – so let's be sure that the same principle applies to the climate.

The up side

- There are far more children and parents out and about on bikes and this trend seems to be continuing, whilst the UK government is funding towns and cities to provide car free streets and pop up cycle lanes. These developments are so much needed and are good for the climate, air quality and children's health. Listen to this fine BBC podcast about moving from autopia to utopia – https://www.bbc.co.uk/programmes/m000mb3g
- Children will benefit from more parents working from home and this is a trend which is likely to continue
- Children spoke out strongly over the use of an algorithm to provide exam results when the A levels tests were cancelled in the summer https://www.theguardian.com/education/2020/aug/08/poorer-students-will-suffer-in-unfair-a-level-grading-model-uk-parents-warn and this experience of child rights advocacy will benefit them in the future
- More GP (primary care) consultations are being held on zoom or other internet channels. This could well be a benefit, though this remains to be seen
- More distance learning in general will be of benefit as it is more inclusive.
- The success of communication to the public by the government over COVID in Scotland has benefited the political system in that country though this does not specifically influence children!

OBITUARY Dezsö Schuler

The sad news has reached me that Professor **Dezsö Schuler** has passed away. He was an ardent supporter of sociopediatic ideas and activities, and he participated as one of the leading European pediatricians in ESSOP's founding conference in Lund in 1977. He continued to follow ESSOP and later ISSOP, and as often as he could leave his Children's Hospital in Budapest he participated in the meetings and conferences. Several of ESSOP's members were also invited to lecture in Budapest, and he organized, together with Professor Lazslo Velkey, an ESSOP Training Course in Miskolc in 1989.

Dezsö Schuler was an eminent and internationally renowned pediatric oncologist at the Semmelweis Medical University, constantly considering also the social and human aspects of the child's needs. He was a distinguished leader, utterly friendly and courteous, moulded by the old culture of central Europe. I visited him several times, and once he took me and my wife on an unforgettable tour to the Donau Bend, whereafter he and his wife invited us to stay with them in their beautiful flat in central Budapest, once the house of his father, the former Mayor of Budapest.

Dezsö Schuler was a deeply respected pediatrician and scientist, a devoted colleague in Social Pediatrics, a humble and highly cultural person and a very good friend.

We miss him deeply

Lennart Köhler

When a smile dies…

Raul Mercer

Quino, an Argentine cartoonist has just passed away.
Her character, **Mafalda**, a girl with the ability to read reality, criticize the establishment, those who harm nature, those who are corrupt, those who do not value childhood, those who are violent; had the strength to attract the attention of children and adults for more than 50 years.
Mafalda is the legacy. For those who did not know her, they deserve an expedition in Google to discover her since she has been translated into multiple languages. For those who already know her, return to visit her and meet again with essential values for life, something that societies are unfortunately loosing.