ISSOP e-Bulletin Nº 50
January 2021

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ISSOP e-Bulletin Nº 50
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1. Introduction

So the e-bulletin has reached middle age! Before we crack out the champagne we should find out how we are doing, so will be planning a short survey in the next edition. You are welcome of course to mark the anniversary by writing us a short letter to describe how the e-bulletin has affected you. If we receive none we will take this as a poor mark!

Writing from the UK it feels like the pandemic is winding down as the vaccination programme has been highly efficiently conducted by the NHS (unlike the management of COVID 19 generally) and we have enough vaccine for the population. Those of us living in Britain are looking forward to an end to lockdown in June and to getting out and about in other parts of the country. But we know that we are one of the fortunate countries and it is deeply sad to hear of the continuing problems across Europe, South America, USA and Asia with supplies of vaccine only now beginning to reach many of the countries in the global south. We cover some of these countries in this bulletin.

We report on the very successful Russian paediatric congress in Moscow, attended by a number of ISSOP speakers. The congress set a good example for the future in combining live lectures with internet presentations, and the meticulous translation into Russian was highly impressive.

ISSOP's own webinar series has also begun well and is also reported in more detail. The system of breakout rooms has been particularly successful and offers a good example for the future.

Other topics this month include ending corporal punishment in South Africa, with a revealing podcast from Carol Bower; Cartoon Dog in Japan, an entertaining messaging system to reduce vaccine hesitancy in that country; a call for papers for the BMJ Paediatric Open on young voices in relation to COVID 19; the need to end detention in hospital for non-payment of bills; an update on climate change facts, depressing but we need to keep abreast of the state of our planet; and finally, to mark our 50th edition, some intergenerational reflections from ISSOP members.

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

КАЧЕСТВО ЖИЗНИ

Социальная педиатрия: вчера, сегодня, завтра

Russian media: "Social pediatrics: yesterday, today and tomorrow"

1st Conference of Social Pediatrics (Russia see Section 3.1)

ISSOP e-Bulletin Nº 50
January 2021
1.1. Message from Jeff Goldhagen - President of ISSOP

Dear friends and colleagues,

Please join me in sending a heartfelt CONGRATULATIONS and THANK-YOU to our E-Bulletin Team for ISSOP's 50th Bulletin. They are an amazing group who month after month produce an extraordinary compendium of important articles that address the critical global challenges facing children and families. Looking forward to 50 more!

For those who have had joined us for the Learning Sessions (webinars) in our series on Climate Change, I'm sure you would agree they have been superb. The regional discussion groups have also been excellent and revealing. Please plan on joining us for future monthly sessions, and disseminate the Flyer (https://www.issop.org/category/issop-webinars/) as widely as possible.

What has been made clear by the first two sessions is the need to transform the values, structure, and function of high-income countries. The definition of "development" in the minority world generally refers only to "economic development." The presenters speak about replacing "economic development" with a new context for development that includes access to and investment in culture, the natural world, self-fulfillment, education, health and well-being, etc. This transformation will require new metrics that define "success" in new terms with value measured in new currencies.

The need to rethink agriculture, that contributes around 30% of the carbon impacting climate change, as well as our food systems and consumption culture, was also highlighted. Sustainable farming, decreases in meat consumption, access to locally sourced foods, etc. were discussed as opportunities for change. The ISSOP Declaration: Responding to the Impact of the Climate Crisis on Children and Youth was formally released at the last Learning Session. The Declaration details concrete mitigation opportunities and strategies for health professionals and organizations to achieve climate justice. It can be found at: https://www.issop.org/2021/03/28/issop-declaration-on-climate-change/

We need your help in disseminating the Declaration as widely as possible. We are soliciting endorsements by organizations that will be free to add their logos to ours. Please ask organizations interested in endorsing the Declaration to send us a note at: ISSOPCH@gmail.com.

We will be establishing an ongoing Working Group on Climate Change and look forward to your participation. If you are interested in joining, please let Eva know at elgoldhagen@gmail.com.

Again, congratulations to our E-Bulletin Team. And, thank-you for all you do.

Jeff

2.1 ISSOP webinar series on climate change and child health

So far, two webinars have been held at the end of February and the end of March: the first on Child Health and Sustainability, led by Professor Anthony Costello; and the second on the science of climate change, led by Professor Mark Anderson, with the launch of the ISSOP Declaration on Climate Change from Prof Ruth Etzel. Both sessions were followed by regional and language breakout groups when there was detailed discussion with participants.

Both were hugely successful, well supported from around the world, and with extraordinarily valuable material being presented. Please listen to Kevin Anderson's talk to begin to understand the seriousness of the situation we are in at present, and the intensity of the action which is required both by individuals and governments.

If you didn't manage to hear the webinars you can find the recordings on the ISSOP youtube channel.

Ruth Etzel's talk is at the same link and brings the ISSOP Climate Change Declaration to life in personal and political terms. Do please follow Ruth's advice and measure your own carbon footprint – you could be in for a surprise! ISSOP is seeking wide sign up to the Declaration from organisations round the world so please get in touch if you can help. Remember: the climate change crisis is a child rights crisis.

Tony Waterston.

2.2 Cartoon dog vs anti-vax in Japan

The first batch of Pfizer vaccine arrived in Japan on the 12th of February. According to an official statement, the vaccination will begin in February for healthcare professionals. It will be expanded to the elderly aged 65 and over in April and then scale up to the entire population. Several attitude surveys of COVID vaccine show the sense of people living in Japan. In December, the vaccine acceptance rate was 58% by marketing research for 1,100
In January, it slightly changed to 62% by a prefectural survey for 1,000.
In February under a soft lockdown, it goes up to 72% by a city survey for 8,500.

Cartoon dog "Korowa-kun" advising room

This is an advising LINE Bot for COVID vaccine established this month by active medical doctors who have an awareness of ideological and wrong information from anti-vaxxers on SNS.
The LINE is similar to WhatsApp and is the most popular SNS application used by all ages in Japan.
The Cartoon dog "Korowa-kun" is the nickname from the Japanese abbreviation of COVID vaccine.
The Bot has six different advising rooms. The names are "vaccination method" "Vaccine mechanism" "Vaccine adverse events" "Want to know more" "Go to Ministry of Health, Labor and Welfare website".
When you click the room "vaccine adverse events", you can visit sub rooms of several possibilities named "Fever after vaccination" "Compensation for the adverse event" "duplication of mRNA" "relationship to food allergy" "effect of the gene from the vaccine in future" "possibility of positive PCR" "possibility of infertility" and "risk of aggravation" etc.
When you ask the frequency of anaphylactic reaction, the answer is five per one million according to CDC articles for Pfizer vaccine, for example.
I hope that this cartoon dog plays a role to seal anti-vax movement exceeding the effect of COVID vaccine.

Hajime Takeuchi, Japan

Source: World Happiness Report 2021

2.3 ISSOP-INRICH Report

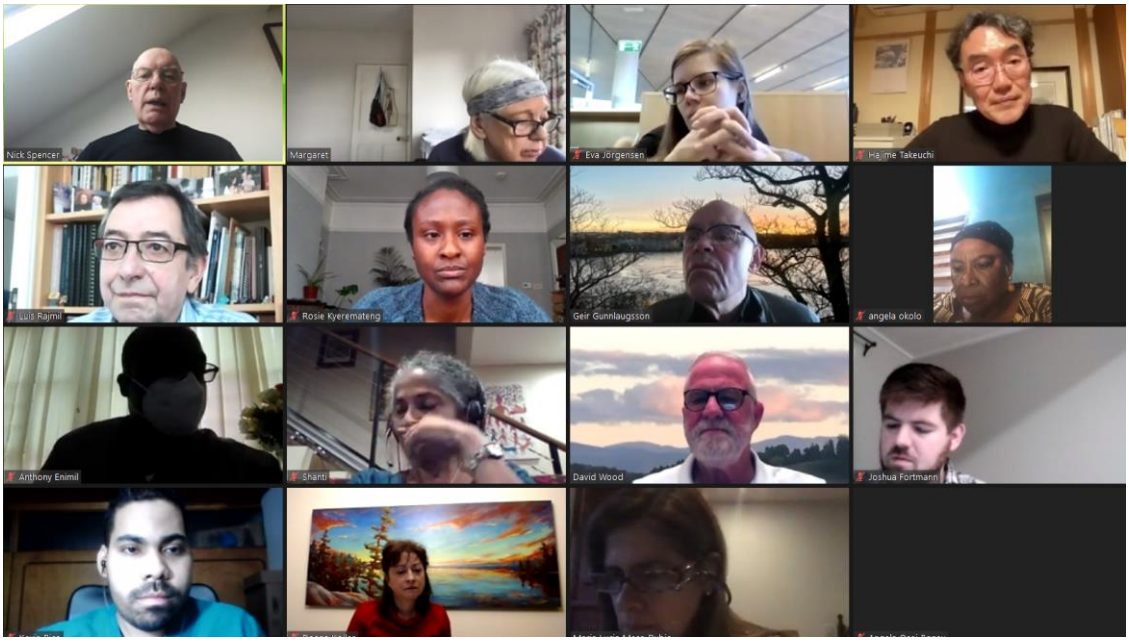
The ISSOP/INRICH COVID research group continues to meet regularly and work is progressing across the thematic groups. We have recently welcomed researchers from Kenya and Sierra Leone into the group.

The Voices of Children group is working on a major literature review looking at publications reporting the voices of children on the impact of COVID on their lives, methodological and ethical issues in researching children's voices and adults reflecting on how their children have been impacted by the pandemic. The Voices of Children group is also contributing to the Special Collection launched by ISSOP in partnership with BMJ Paediatric Open (see elsewhere in this issue). Abstracts for presentations at forthcoming conferences based on work of the group are being submitted.

Among the other thematic groups, research findings are being analysed and publications prepared from the work of the Children with Disabilities group, the Immunization group and the Parental and Child Stress group. The Francophone version of the survey on the impact of COVID on children with disabilities in Quebec, Canada is being prepared for publication. An update of the Rapid Literature Review on the impact of pandemics on inequity in routine childhood vaccination coverage is underway. Analysis of data from extensive reviews of COVID-related mental health problems among children in Russia is nearing completion.

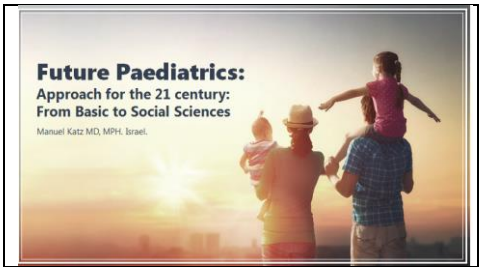
The work of the thematic groups can be viewed in the Research Group folder in the ISSOP Google drive: **https://drive.google.com/drive/folders/1mPZkFX30GLBZU-VSpOJLp48sWteXTrx4**

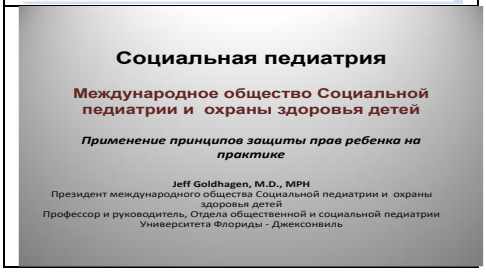
Nick Spencer 0n behalf of the Research Group



3. International Organisations

3. 1 23rd Congress of Pediatricians of Russia
1st Conference of Social Pediatrics





The 23rd Congress of pediatricians of Russia took place on 5-7 March 2013 and was claimed to be not just a notable event for pediatricians and everyone involved in protecting the health of children, but also as a landmark event - the first one, after a year of COVID-19 pandemic restrictions. Although it was convened in a *hybrid format* that means offline and online participation. Participants were happy to meet each other. More than 2000 delegates were able to communicate live at the site, dispersed in various halls, and almost 20.000 connected online. During the past difficult year, pediatricians did not feel cut off from their professional organization, thanks to various webinars, and conferences which were conducted by the Union of Pediatricians of Russia, but nothing can replace live communication. Yes, the organizers of the congress had to put in a lot of effort to ensure that all anti-epidemic requirements were met (at the entrance, everyone was given personal protective equipment, in particular FFP2 masks with the symbols of the Union of Pediatricians, and seating was carried out taking into account the existing norms), but it was worth it.

One of the central events of the Congress was the 1st conference of social pediatrics with 14 symposiums (90 minutes for each symposium). Every year we discussed social issues of children's health during the Congress, but before we had just 4-6 symposiums, not more. I think it is very important that we could unit all social aspects of children's healthcare and wellbeing. We could show how many and how important social pediatrics issues and approach.

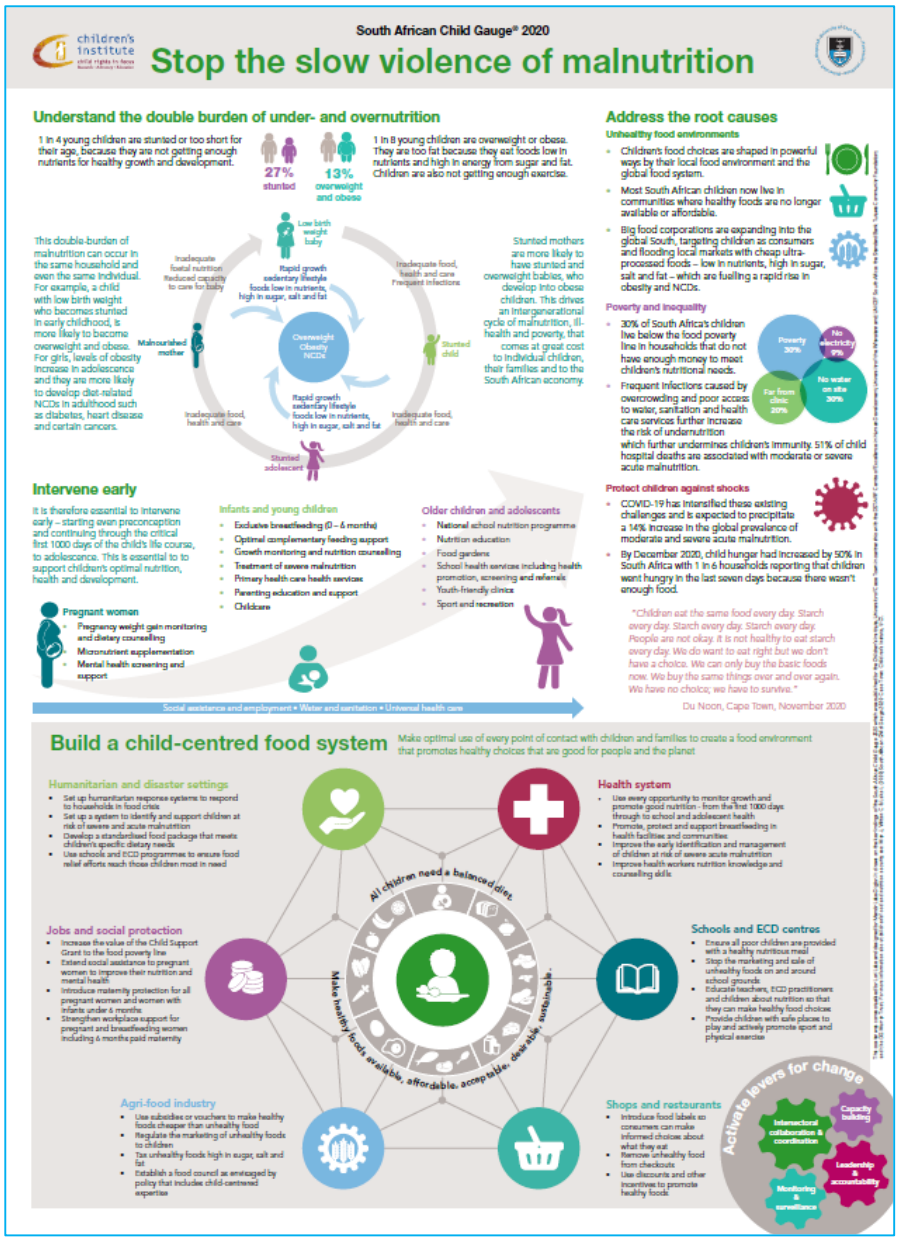
Speakers from ISSOP played a significant role in drawing attention to the first conference on social pediatrics. I would like to say "***thank you so much***" again to my ISSOP colleagues and to list them all here (in alphabetical order) with their speeches:

- ***OLAF KRAUS DE CAMARGO*** **(CANADA) ICF IN SOCIAL PEDIATRICS ;**
- ***GULBIN GOCKAY*** **(TURKEY) TEACHING AND TRAINING IN SOCIAL PAEDIATRICS: TURKISH EXPERIENCE;**
- ***JEFFREY GODHAGEN*** **(USA) TRANSLATING THE PRINCIPLES OF CHILD HEALTH INTO PRACTICE;**
- ***MANUEL KATZ*** **(ISRAEL) FUTURE PAEDIATRICS: APPROACH FOR THE 21 CENTURY: FROM BASIC TO SOCIAL SCIENCES;**
- ***RAUL MERCER*** **(ARGENTINE) A SYNDEMIC APPROACH TO CHILD HEALTH AND WELL-BEING IN TIMES OF COVID-19;**
- ***TONY WATERSTON*** **(UK) FROM PAEDIATRICS TO CHILD HEALTH: A PERSONAL JOUNEY.**

These reports made the conference participants think, reconsider their views on the children's healthcare. The publications of the Russian media dedicated to the Congress also discussed the speeches of our colleagues from ISSOP. On the other hand, it became clear that the issue of greater implementation of the principles of social pediatrics in the health care system is relevant for different countries of the world.

3.2 End Violence against Children podcast series

The Global Partnership to End Violence Against Children is governed by a Board and an Executive Committee. These governing bodies reflect the diverse nature of the Partnership and include governments, multilateral agencies, civil society and faith organizations, the private sector, foundations, academics and independent experts. End Violence will transition to a new governance structure by the fourth quarter of 2020, following approval of the terms of reference and standard operating procedures in **this governance document**. See their valuable progress map showing which countries around the world have legislated to end violence against children in the home. **Can you end corporal punishment in a country with a history of violence?** Carol Bower answers this question in an intriguing podcast which you can listen to here https://www.end-violence.org/knowledge/can-you-end-corporal-punishment-country-history-violence-carol-bower



3.3 World Congress of Adolescent Health – Lima, Peru

https://iaah2020congress.org/en

Unprecedented global forces are shaping the health of adolescents everywhere, requiring new responses, different actors and wider alliances. The 12th IAAH World Congress on Adolescent Health is a unique opportunity to explore the challenge of global change. Whether you are a clinician, policy maker, researcher or trainee, this meeting will promote your engagement with like-minded colleagues from across the world who work in health services, schools and communities, academia, government ministries, global agencies and NGOs. The World Congress will challenge you to think and respond differently as clinical and public health challenges are debated, alternative policies are explored and the latest adolescent health research is shared. Multidisciplinary trainees are especially welcome. Please join us in November 2021 at the 12th IAAH World Congress in Lima, Peru where I trust you will also find time to enjoy the gastronomic highlights and its wonders.

Susan Sawyer
IAAH President

3.4 ISSOP/CLEAR: COVID-19 Leadership Response in Vulnerable Settings

The CLEAR program is a featured initiative launched by The Center for Higher Ambition Leadership to collaborate with local leaders to strengthen COVID-19 responses in low-income and low-resource settings. It is in those settings, among the most vulnerable populations, that COVID-19 will have the greatest impact.

Blunting that impact and building back better will require local mobilization through purpose-driven leaders who are deeply connected with their communities. CLEAR helps those leaders and their communities respond to the pandemic in a way that saves lives and sustains livelihoods.

The cases mentioned on the website are the result of joint work by ISSOP and CLEAR, where representatives of ISSOP from the Latin American, African and Asia-Pacific regions searched for local experiences to be evaluated and selected. To all ISSOP members and local leaders, our deepest thanks.

For more information: https://www.higherambition.org/clear-cases

RM

4.1 Vaccine hesitancy among ethnic minority groups

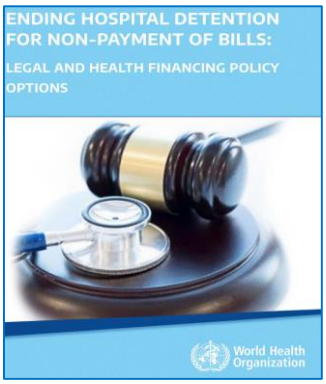
This BMJ editorial reviews reasons for the high rate of vaccine hesitancy among ethnic minority groups https://www.bmj.com/content/372/bmj.n513

The following are useful quotes from this editorial: 'The most common reasons for hesitancy are concerns about side effects and the long term effects on health, and lack of trust in vaccines, particularly among black respondents. Some have capitalised on these concerns to spread misinformation, adding to the historical mistrust of government and public health bodies that runs deep in some ethnic minority groups.'

'The legitimate concerns and information needs of ethnic minority communities must not be ignored, or worse still, labelled as "irrational" or "conspiracy theories." We need to engage, listen with respect, communicate effectively, and offer practical support to those who have yet to make up their minds about the vaccine. Covid-19 vaccination is one of the most important public health programmes in the history of the NHS. Tackling vaccine hesitancy and ensuring that vaccination coverage is high enough to lead to herd immunity are essential for its success.

TW

4.2 Ending Hospital Detention for Non-Payment of Bills



The position of the World Health Organization (WHO) is that no person should be detained in a hospital against their will for non-payment of bills and user fees. Nor should the remains of a deceased patient be withheld and not released for unpaid hospital bills and user fees.

- The practice of hospital detention for non-payment of bills is contrary to international human rights laws and to universal health coverage (UHC) objectives.
- Deficits in the legal system and weaknesses in the health financing system can lead to uncompensated care.
- Legal options are available to end the practice of hospital detention for non-payment of bills and user fees, including:

prohibiting the practice of hospital detention; recognizing international human rights in national legislation; committing to UHC in domestic laws; ensuring proper implementation and enforcement mechanisms; and establishing information and reporting mechanisms. It is necessary to raise public awareness on the issue of hospital detention and that the practice is illegal. At the same time patients have to be aware of benefit entitlements, copayment requirements and exemption policies.

- The international community should provide specific support – including financial resources – to countries whose people suffer from hospital detention to assist in stopping the practice immediately.
- There are short-term measures to address and prevent uncompensated care at the level of health care providers, including: mobilizing additional funding; creating a specific fund to cover high-cost treatments; expanding, adjusting or reviewing existing user fee exemption mechanisms; and adjusting enrolment conditions of existing health insurance schemes. In the long term, more substantive health financing reforms will be needed.
- Much greater attention is required both from country policy-makers and the international community on the need to ban hospital detention.

More information in: https://www.who.int/publications/i/item/ending-hospital-detention-for-non-payment-of-bills-legal-and-health-financing-policy-options

Raul Mercer

4.3 The single Largest Driver of Coronavirus Misinformation: Trump

Cornell University researchers analyzing 38 million English-language articles about the pandemic found that President Trump was the largest driver of the "infodemic." By far the most prevalent topic of misinformation was "miracle cures", including Mr. Trump's promotion of anti-malarial drugs and disinfectants as potential treatments for Covid-19, the disease caused by the coronavirus. That accounted for more misinformation than the other 10 topics combined, the researchers reported.

For more information:
https://int.nyt.com/data/documenttools/evanega-et-al-coronavirus-misinformation-submitted-07-23-20-1/080839ac0c22bca8/full.pdf

RM

5. CHIFA Report – IPA Report

5.1 CHIFA report

Child Health Information for All (CHIFA) is a moderated online forum for posting of information and opinion. The moderation team are Tosin Popoola, Tony Waterston and myself, Tom Hutchison. CHIFA is child focused and originated from the more generally focussed Health Information For All (HIFA) Some posts are relevant and cross posted to both forums

Both CHIFA www.CHIFA.org and HIFA www.HIFA.org and can be joined online and are free and open provided users register a brief profile that accompanies their postings.

The focus of the CHIFA forum is on promoting access information child health and rights. The vision of the Forum is:

A world where every child, every parent and every health worker has access to the health information they need to protect their own health and the health of children for whom they are responsible. We would like as many people as possible from around the world to make use of the forum, to pose questions, raise their concerns about health information, and contribute their own comments and ideas as well as vital data sources that might not be well known.

Over the last 12 months there have been some 340 postings. Some postings advertise webinars, others are invitations to submit papers or to take part in research. Forum members respond to these directly and we have yet to measure their impact in international participation. This has been a special year with the cessation of international travel to conferences. Perhaps when the Covid-19 pandemic is under control in the future, the global health community will have re-evaluated the health cost and benefit of international travel, and online international forums will continue by choice. Other postings highlight articles in journals that are open access. Sometimes they summarise articles that are otherwise behind pay walls

Some topics request or generate debate, and these are evident when a thread develops: busy Examples have been.

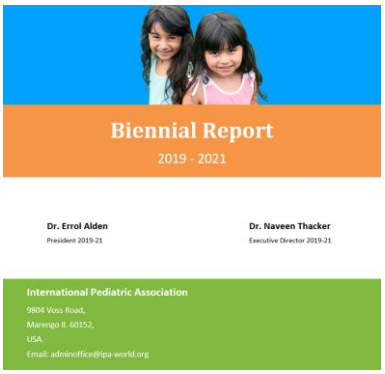
- Toilet training in Japan
- Children and microbial resistance
- Child patients from Gaza impacted by Israeli restriction on treatment and internet access
- World breastfeeding day
- Children and wearing masks covid 19

Covid-19 has been the biggest general topic. Much more so for the Adult Forum HIFA, where there large numbers of daily postings. Discussion of the economic effects and adult Vaccination on HIFA of course apply to children too. We expect the steady growth in members will continue as management of information takes increasing importance in health care. Currently we are seeking a new voluntary moderator for CHIFA, if you are interested please contact neil@hifa.org.

Tom Hutchison, Paediatrician UK

5.2 IPA report

IPA activity has been very intense since the start of the pandemic. One of the most popular and publicized activities was those related to vaccination strategies in different regions of the world. Recently, IPA has renewed its authorities. We share the names of the chosen professionals. They all have a lot of experience and leadership skills. From iSSOP, we hope that this renewal implies a strengthening of ISSOP and IPA in the promotion of an effective collaboration in favor of children.



IPA Biennial Report (2019-2021)
This report covers two years (2019-2021) and is divided into these sections:

- Governance and Administration of the International Pediatric Association (IPA)
- Activities and Accomplishment of the International Pediatric Association (IPA)
- IPA Financial Reports

Raúl Mercer

6. Trainee Report

6.1 Call to Action: Integrating Climate Change into Medical Curriculum

Review of 2 articles from Academic Medicine, March 2021 Issue:

- Addressing Climate Change and Its Effects on Human Health: A Call to Action for Medical Schools. Goshua, Anna; Gomez, Jason; Erny, Barbary; More, Academic Medicine. 96(3):324-328, March 2021.

  Climate Change and the Practice of Medicine: Essentials for Resident Education
- Philipsborn, Rebecca Pass; Sheffield, Perry; White, Andrew; More, Academic Medicine. 96(3):355-367, March 2021.

Many have likely joined ISSOP's past two global webinars on, "Responding to the Impact of Climate Change on Children" in February and March, 2021. As we continue sessions and discussions on this critical topic, we must also consider ways to ensure the future health work force are aware of the impact of climate change on health and also that they are equipped with the knowledge and tools to both prevent and treat the ills of climate change. As such, Academic Medicine, Journal of the American Medical Colleges, recently published articles describing ways in which both medical schools and residency training programs must integrate this teaching in current curriculum.

Table 1
Examples of Climate Change Education in U.S. Medical Schools

Institution	Course structure	Curriculum content
Warren Alpert Medical School of Brown University	Preclerkship 10-week elective	Identifying and addressing emerging health concerns in the era of climate change
	MS1 and MS2 3-hour crash course	Course title: Climate change and health/healthcare sustainability
Emory University School of Medicine	MS3 and MS4 4-week elective	Course title: Climate crisis and clinical medicine • Climate change and emerging clinical challenges • Health equity and social justice • Climate solutions for the health care sector • Communicating about climate change
Georgetown University School of Medicine	MS1 and MS3 modules	Linking environmental health, climate change, air pollution, and respiratory disease
Icahn School of Medicine at Mount Sinai	MS1 1-week elective	Seminar on climate change and global health
Penn State College of Medicine	MS4 2-week elective	Course title: Climate change, health, healthcare delivery, and sustainability
Stanford University School of Medicine	MS1 and MS2 10-week elective	Course title: The impact of climate change on human health • Links between the environmental effects of climate change and human health • How climate change shapes health care delivery • Applying principles of sustainability and environmental health counseling to clinical practice • Counteracting the environmental effects of climate change
University of California, San Francisco, School of Medicine	MS1 and MS2 preclinical core lectures	Climate change and health
	MS1 10-week elective	Course title: Earth Health • Climate Science and Terminology, Health Effects of Environmental Degradation & Climate Change • Mental Health, and Infectious Diseases • Science, Capitalism, and Denial and the Environment & Climate
	MS1 2-week course	Course title: Inquiry Immersion Course • Deep dive into how climate change impacts health, as well as how the health care system impacts the environment
	MS1 10-week elective	Course title: Reproductive Health and the Environment • Impact of climate change on women's health • Environmental contaminants and reproductive health • Clinical practices

Abbreviations: MS1, medical school year 1; MS2, medical school year 2; MS3, medical school year 3; MS4, medical school year 4.

Table from: Academic Medicine. 96(3):324-328, March 2021

Knowing that climate change is among the greatest public health threats of the 21st century, basic knowledge of the science of climate change and awareness of associated health risks is critical for physicians in training to recognize, diagnose and treat climate related health conditions and to also advocate for policy level change. However, a 2018 survey revealed that

of 147 medical schools, only one third included any climate education in their curricula (see examples in table from article below). In 2019, the American Medical Association pledged the organization would promote this education, however to date still only few medical schools offer any climate change specific training. There is hope however amongst our youth, with many medical students both in the US and abroad calling for action and lobbying for increased education in this area.

Integration of climate change curriculum in residency programs is an even greater challenge as many believe there are already too many competing skills and competencies required during the 3 to 6-year training programs, dependent on specialty. There are also currently no existing resources or guides to support the development of such a curriculum. Climate change content would likely have general concepts shared across training programs and other focus areas relevant to the specialty. For example, Emergency Medicine programs would focus more on disasters, whereas Primary Care focused programs may lend to counselling around decreasing one's carbon footprint and managing climate related illness. The article provides a framework for climate and health content into 3 domains: (1) knowledge of climate change and its effects on health, (2) climate change – related adaptations for clinical practice, (3) implications of climate change for health care delivery. The article also provides a description of specific high-risk populations, vulnerabilities to climate change and implications for training (see Chart below).

Rita Nathawad

Chart 1

At-Risk Patient Populations and Their Vulnerabilities in Climate-Related Extreme Weather

Patient population	Climate-related vulnerability	Implications for the education of trainees
Patients with chronic conditions, including those who … • Use medication daily • Have physical disabilities • Have mental health concerns • Depend on life-sustaining medical services or equipment (e.g., dialysis, home oxygen consumption, an insulin pump)	Chronic illnesses increase the risk of poor outcomes due to disruptions in care and/or increased dependence on caregivers	Education should include training in preparedness, particularly the development of emergency care plans for patients to use during climate-based or other disruptions to usual access to medications, services, electricity, and equipment. Education should prepare future physicians to advocate for these at-risk patients beyond the exam room and to encourage intentional consideration of individual, family, and community needs, as well as health systems resilience, in disaster preparedness and response plans.
Patients who are postsurgical, hospitalized, or acutely ill	Acute illnesses require health services or follow-up care; thus, those with such illnesses have an increased risk of poor outcomes due to inaccessible care or disruptions in care	Trainees should be educated on alternative follow-up care options that can be used in climate-driven natural disasters and during health systems disruptions or other emergencies (e.g., telehealth, phone calls to check on patients, home health nurses).
People who are elderly	Old age increases physiologic and social vulnerabilities to environmental exposures; older patients are more likely to be dependent on caregivers for the activities of daily living, to have reduced mobility, and to be socially isolated	Trainees caring for the elderly should be instructed in assisting the patient (and family) in proactively identifying and activating backup plans, if needed, to check on the patient, ensure access to basic needs, and ensure continuation-of-care plans. Trainees should be taught and observed in giving anticipatory guidance to the elderly and their families regarding climate-related risks and mitigation of these risks.
Neonates and infants	The very young are physiologically vulnerable to environmental exposures; at risk for disruptions to optimal development; dependent on the health and well-being of their caregiver/s for their own; and require special consideration for all aspects of wellness, including feeding, stooling, and sleeping	Education of trainees should include learning how to give anticipatory guidance to parents of young children regarding climate and environmental exposures, preparing for emergencies and disruptions, and reducing children's risks and exposures.
Pregnant women	Pregnancy increases physiologic and social vulnerability to environmental exposures; the health of both the mother and the fetus are at risk	Residency training should include education on climate risks and environmental exposures that jeopardize the health of the mother and/or fetus.
Athletes, the military, and outdoor workers	Outdoor activities increase the likelihood of exposure and, in turn, the risk of heat-related illness	Residents require training on the contribution of exercise, personal protective equipment, and exposure variables to climate-related disease, as well as strategies for helping patients avoid or minimize the risk of exposure. Programs can educate residents on the role of physicians in advocating (and provide residents the opportunity to engage with) policy frameworks and society guidelines that protect these groups.
People who are experiencing homelessness or who do not have stable housing	People who do not have reliable shelter are socially vulnerable and have no guaranteed protection from the elements	Homeless, poor, displaced, and linguistically isolated persons and families are all extremely vulnerable. Trainee education should include experiences with vulnerable patients to better understand their environmental determinants of health (including structural racism manifest in the environment), the specific challenges they face, and the community support systems and resources available to these groups. While learning how to provide anticipatory guidance for patients is important (e.g., in a heat wave seek out shade, drink more water, access a shelter), residency education should also include training in how to advocate shelter, food, mental health resources, medical care, medication, and support for these individuals.
Low-income families	Historically neglected low-income communities, particularly low-income communities of color, face disproportionate exposure from a legacy of structurally racist polices and/or may have fewer resources to adapt to and avoid environmental exposures to safeguard health	
Evacuees or others experiencing displacement	Displaced persons are socially vulnerable and face challenges, such as family separation, lack of access to care, increased risk of exploitation, and mental health concerns, including increased risk of adverse childhood experiences	
Linguistically isolated individuals and families (those who do not speak the language/s of the general population)	Linguistically isolated families are less likely to have access to community resources, including emergency public service announcements	

Chart from: Academic Medicine. 96(3):355-367, March 2021

7. Publications

7.1 Justice for children in conflict

ADVANCING JUSTICE FOR CHILDREN: Innovations to strengthen accountability for violations and crimes affecting children in conflict

Last month, ISSOP's president shared with us how ISSOP is *increasingly challenged in its mission by the difficulties in judging the abundance of information reaching us about (in)justice done to the world's children, our raison d' être*. The dilemma of fact-checking the plethora of such information from all around the globe was raised, and a "vetting" mechanism was proposed. With our global, regional and national professional membership, we have our ears on the ground. Through our engagement with children and adolescents, we have the opportunity to give *them* a clear voice herein, and jointly judge the constant stream of information about them and their position in society.

Below-presented paper
https://resourcecentre.savethechildren.net/node/18908/pdf/advancing_justice_for_children_0.pdf
presented this month by SCF, offers an excellent conduit to a generic "vetting system". Comprehensively, it presents a scope, the domains in, and instruments through which SCF's stakeholders globally are critically engaged in documenting and evaluating the (recurrent infringements on) Child Rights, and offers us as professional how we can advance Justice for children and adolescents. Fifty years after *John Rawls (1921–2002)* published the *A Theory of Justice;* 40 years after neoliberal policies were introduced by many western governments one realises that the resultant globalisation has also contributed to the corruption of developments and opportunities for many children, the world around. Recently, the Harvard-based political philosopher *Micheal Sandel* argued in *The Tyranny of Merit; what's become of the common good* (2020; https://www.youtube.com/watch?v=Qewckuxa9hw) how the social mobility in societies has stalled, how societies became fixed on meritocracy and how the hubris generated through these "achievements" has divided societies in winners and losers. Neither *Rawls* nor *Sandel,* in their groundbreaking texts, specifically addressed the rights of children and adolescents; yet, the scope and concepts in which justice, social mobility, meritocracy are discussed are critical for developing children and adolescents, and their future societies. *Sen* and *Nussbaum* recommend *capabilities, functions* and *agencies* as the criteria of social justice. In a good society, everyone has certain core capabilities, such as working, playing, raising children, participating in politics, and appreciating nature and art. These capabilities can be expressed in various ways or even forgone, depending on the free choices of individuals. Justice is measured by the objective amount and distribution *of capabilities*, *not functionings*. In 2019 *Save the Children* launched its *Stop the War on Children* campaign to reassert the norms, standards, policy, practice and rules relating to the protection of children in conflict. The three pillars of this campaign are centred i) *around upholding standards and norms for the protection of children in conflict,* ii) *holding perpetrators of violations and crimes to account*, and iii*) taking practical action to protect conflict-affected children and to enable their recovery*. Against this background**, Save the Children** and the **Oxford Programme on International Peace and Security at the Blavatnik School of Government's Institute for Ethics, Law, and Armed Conflict (ELAC)** agreed to a partnership grounded in pillar two of Save the Children's new strategy, holding perpetrators of violations and crimes affecting children to account. The partnership aimed to generate the insight and analysis required to leverage much-needed change in the way this question is addressed by international criminal justice. Drawing on extensive desk research and the insights of practitioners, academics, and activists working on these issues, SCF and its Oxford partners have sought to identify barriers that prevent perpetrators from being

held to account and meaningful and practical strategies and solutions to overcome or mitigate those barriers.

Last month this partnership published its **Research Paper** **which focuses on the investigation and documentation of violations and crimes affecting children, and on the decision to indict**.

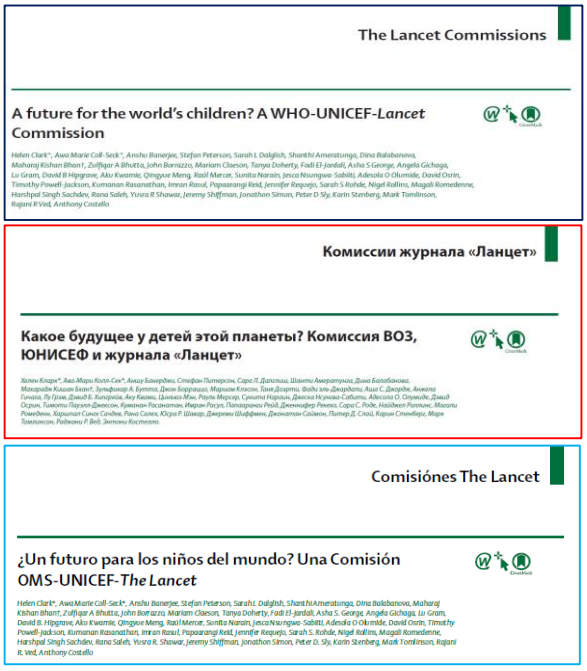
- *Section I of this Research Paper addresses the most commonly identified barriers to the effective investigation, documentation, and indictment of violations and crimes affecting children.*
- *Section II analyses which lessons and solutions can be drawn from the pursuit of accountability for sexual and gender-based violence ('SGBV').*
- *Section III discusses potential strategies and solutions to overcome the identified barriers to accountability for crimes and violations affecting children.*

The Introduction to this *Research Paper* concludes "While there are no easy answers, this *Research Paper* seeks to highlight potential solutions – particularly for States, accountability mechanisms, the UN system, and *non-governmental organisations* – and ***makes recommendations on how to overcome and navigate some of these barriers and improve the prospects for accountability and justice***."

Geert Tom Heikens, Netherlands

7.2 A future for the world's children?
A WHO-UNICEF-Lancet Commission Report

A year ago, the Lancet-WHO-UNICEF Report was launched, aimed at repositioning children within the Sustainable Development Goals. At that time, COVID-19 was beginning to circulate on our planet. The Report highlights the importance of considering the health and quality of life of children at the center of public policies, new forms of governance, recognizing the impact of the environmental crisis on children, the influence of commercial health determinants about childhood. All this, within the framework of the promotion of rights, equity and a life course approach. During 2020, advocacy activities were carried out in different parts of the world with the commitment of the highest political authorities and civil society organizations.



Today the report has versions in 3 languages (English, Spanish and Russian) and will soon be completed with the remaining 3 languages of the United Nations (Arabic, Chinese and French).

As part of the follow-up to the activities of the Lancet-WHO-UNICEF Commission, the "CAP" (Children in All Policies) initiative will soon be launched with the objective of making the report's recommendations a reality. In addition to the mentioned organizations, UCL (University College London) joins the leadership role.

Please, join this initiative!

After the Lancet-WHO-UNICEF Report: CAP2030 is coming!!

Raul Mercer

7.3 COVID-19 pandemic: Health Inequities in Children and Youth

The COVID-19 pandemic has been assessed in terms of direct deaths from disease. The indirect effects of this global pandemic threaten an already delicate existence for children and marginalized communities where health inequalities pre-pandemic. In addition, it threatens stagnation of goals achieved with the SDG'S.

The UN Declaration on the Rights of the Child provides a template for assessing the effect of the pandemic on children and what governments can do to mitigate setbacks in the pandemic phase with morbidity, mortality, effects of lockdown and preventive measures on daily life. Post-pandemic, there are valid concerns of falling immunization rates, poor antenatal services and support to vulnerable families. The effect on future generations with long term poor childhood nutrition, health inequities, worsened mental health and reduced employment opportunities.

What effects have been seen?

Article 24 elaborates on the right of the child to healthcare which has been affected by lack of access to antenatal and delivery services, reduced breastfeeding rates and poor early developmental services support. A 69% reduction in immunization rates has also been documented. Disrupted health supply chains and loss of familial income threatens access to health services which is further worsened by lockdown measures.

Article 28 reinforces the child's right to Education which has been grossly affected by lockdown measures and widened learning gaps vulnerable LMIC countries where internet access and equipment for remote learning are scarce.

The right of the child to live free from exploitation in forms of sexual exploitation, abduction, trafficking, violence, abuse and neglect covered by articles 19, 32, 34-36 has been widely affected by the pandemic. There have been increased reports of child recruitment into combat and labour. Overwhelmed or non-existent child support services has left female children at risk of gender based violence, child marriage and sexual exploitation for familial financial gain.

Article 3 and 6 of the UN Declaration on the Rights of the Child emphasize the best interest of the child being a primary consideration as well as the right to optimal survival and development. Closure of

schools and government sourced feeding leading to hunger and deprivation has been a fall out of the pandemic. A standard of living that supports physical and mental needs as in article 27 has been affected by depreciated living conditions in LMIC, with overcrowding and poor water supply for COVID-19 preventive measures. Children of low socioeconomic class in HIC are affected by caregiver deaths and loss of income.

What can be done?

Governments are in a position to direct resources to the care of youth, support local food production and access to healthcare, education, housing, water and sanitation. Social support services should be strengthened and marginalized groups especially protected. Paediatricians should advocate for children and their needs of housing, healthcare, education and caregiver employment while maintaining "eyes on the child'' and ensuring continued healthcare services.

Advocacy groups should advance child rights, social justice and equity while pushing for the inclusion of children in LMIC treatment and immunization options for COVID-19. Dissemination of evidence that mitigates the effect of the pandemic on youths and supporting international bodies on the inclusiveness of youth in the work against COVID-19.
For more information: https://adc.bmj.com/search/Rosina%252BKyerematenng%20jcode%3Aarchdischild

Osamagbe Asemota

8.COVID and Social Pediatrics reflections

8.1 Young voices at the time of COVID 19 – call for papers

Special Collection

Young Voices in the Time of COVID-19

In collaboration with ISSOP, the International Society for Social Pediatrics and Child Health
BMJ Paediatrics Open and ISSOP, the International Society for Social Pediatrics and Child Health, are pleased to announce a call for papers on the theme of 'Young voices in the time of COVID-19'.

The main aim of this special collection is to capture the experiences, needs and strengths of diverse populations of children and young people during the pandemic. We want to raise awareness around the experience of particular groups of children and young people who may be marginalised or disadvantaged and privilege the experiences of those from the majority world.

Potential topics include, but are not limited to, the following:

- Advancing children's rights and supporting their agency
- Street and working children
- First nations: the experience of indigenous and tribal children/young people
- Outside looking in: young people on the fringe
- Voices from the global south
- Ethics of research on marginalised young people
- Policy initiatives and government action responding to young people

The deadline for submissions is **30 June 2021.** Accepted articles will be formally published as soon as they are ready to avoid delays, and collected together for promotion in the autumn. Further information.

The Editor-in-Chief will be happy to discuss ideas for articles in advance. BMJ PO's usual peer review standards will apply.

There will be a 25% reduction in APCs for all articles accepted into the collection.
The collection is open to all article types usually published in the journal. There are no charges for articles authored by children/young people. Further waivers and discounts are available. See here for more information on waivers and discounts; authors from the UK and Sweden should also see here.

BMJ Paediatrics Open **(BMJPO)** is an open access journal dedicated to publishing original research, study protocols and clinical reviews that deal with any aspect of child health. There is also a dedicated Young Voices section. The provision of child health is multidisciplinary and international. The journal welcomes papers from all health care professions from anywhere in the world. BMJPO is an official journal of the Royal College of Paediatrics & Child Health.

The mission statement for **ISSOP, the International Society for Social Pediatrics and Child Health**, is: 'Professionals acting locally and globally to improve the health and well being of children and young people with a focus on social pediatrics and child health.'

ISSOP is a non-profit organization grounded in the principles of child rights, equity, and social justice—focused on addressing critical regional and global issues impacting the health and well-being of children and youth. ISSOP is the only global Social Pediatrics organisation and over recent years has emerged as a convening organization with substantial reach to many other professional organisations and global agencies.

9. Climate Change Upgrade

9.1 Global carbon levels reach all time high

https://www.itv.com/news/2021-03-17/global-carbon-dioxide-levels-set-to-reach-all-time-high-latest-met-office-research-finds?fbclid=IwAR3alwVEnHZytcUcA_Cxom-8zMOfD12uZ4CbzUAbeW367II50UZE47EOR1Q

9.2 Climate crisis hitting 'worst case scenarios' warns environment agency head

https://www.theguardian.com/environment/2021/feb/23/climate-crisis-hitting-worst-case-scenarios-warns-environment-agency-head

ISSOP e-Bulletin Nº 50
January 2021
10. Social Pediatrics Intergenerational Reflections
Celebrating #50 issue of the ISSOP e-Bulletin!!!

Making an e-bulletin of a scientific society is not an easy task. Doing a social pediatrics e-bulletin is not, either. The task becomes more demanding when the audience is made up of critical professionals, representing different contexts of the world and performing different functions in their living spaces. In all this evolution, reaching ISSOP Bulletin **50th**! becomes quite a feat. Let us consider that, like ISSOP, the e-bulletin is based on the energy provided by its members**: the ISSOP community**. For this reason we decided to celebrate this event with a life-course (intergenerational) approach to convene representative voices from our community and respond two questions: ***1. What does ISSOP mean in your professional career? And, 2. What have been or will be (depending on the interviewees) the major contributions of ISSOP in the field of social pediatrics?*** By the way, these are just selected voices, not all, a way to bring the experience to the collective consciousness and generate new proposals for the times to come. To all, our sincere gratitude.

The ISSOP e-Bulletin Editorial Team

Geir Gunnlaugsson MD, PhD, MPH
Paediatrician and Professor of Global Health, University of Iceland, Reykjavík, Iceland Email: geirgunnlaugsson@hi.is

Since I joined ESSOP about two decades ago, now ISSOP, the society has been a continuous source of inspiration in my work within preventive child health services and public health in Iceland. ISSOP has also been relevant for my career as a global health professor at the University of Iceland and my research in Guinea-Bissau. I have enjoyed the company of like-minded colleagues who have become long-time friends. Our annual meetings in different locations have always been informative and engaging, with a multidisciplinary and international outlook on pertinent child health issues. My membership in ESSOP/ISSOP has opened up international collaboration opportunities in research and within Nordic and EU funded projects that have still further cemented professional and personal relations. Even though most members are paediatricians, ISSOP encourages membership and active participation of child health professionals with diverse professional backgrounds in different settings. To sum up, ESSOP/ISSOP has been my most relevant association for active membership.

Even though ESSOP is the acronym for the European Society for Social Pediatrics and Child Health, it was always international in scope and content. Thus, emphasizing its global role in its name became a natural development. For me, its emphasis on social determinants of health and emphasis on equality, equity and a child-rights based approach to improve child health have been an inspiration, in addition to its focus on the importance of climate change for future generations. Discussions around critical issues in social paediatrics, such as evidenced in several position statements and published work by its members, have also given valuable professional insights and helped my teaching. In that way, ISSOP has been at the forefront of international

social paediatric thinking and spot-on to address crucial child health issues. In the current pandemic, by applying the lens of social paediatrics, members across continents have been linked in regular virtual meetings to discuss the pandemic's impact and manifestations. Guided by a paediatric social lens, these interactions with colleagues across different continents are an excellent example of our shared vision of promoting a healthy future for all children.

Fernando González Escalona MD MPH
Member of the Chilean Sociey of Pediatrics (SOCHIPE)
UNICEF, Santiago, Chile

Throughout my training as a pediatrician, in a medical world where everything points towards specialization and subspecialisation (the more complex the unit in which you work, or the more specific the procedure you learn), I felt constantly questioned by the fact that the vast majority of health problems found no response in the health system, and the vast majority of therapeutic measures aimed at managing symptoms or stabilizing / compensating a health condition, and then returning to the same contexts in which it was generated . Before entering the subspecialty of paediatric cardiology (I was at Great Ormond Street Hospital), I realized that I had to break that inertia, and seek a new path that effectively works on the causes of the causes, and that points to the problem root. It is in this search that I learned about social paediatrics, and **ISSOP** was a very revealing source from which to explore new areas of action and areas of development to continue training and perfecting myself in order to be a better contribution to end social problems, health and well-being of children living in Chile.

I remember with special affection the ISSOP Conference-2016 that was held in Chile, an instance that motivated me to join the Magister in Public Health at the University of Chile, and later the honor of having participated in the congress in Bonn, Germany in 2018 , presenting the experience of the rights approach in the care practice of my hospital, in which I learned about the strength of global collaboration in action, and I was encouraged to seek work spaces outside of health care, such as the Ministry of Health and currently UNICEF.

In 2020, with the reactivation of the Social Paediatrics Latin American group, thanks to the advances in technologies and global communication due to the pandemic, I have felt part of the working group, and received the confidence to develop lines of research in matters of public policy, as well as the and accompaniment in years as difficult as these ones. Without a doubt, **ISSOP** has been present in the fundamental milestones that have been tracing my trajectory, but that bring me closer and closer to my personal and professional goals, which are to make this world one in which every child and adolescent can fully exercise all their rights and reach their full potential for development.

I imagine leading global actions that promote children's health, and adapting them to particular territories with their representatives in the regions, making real the phrase "Think global, act local". I also imagine myself getting involved in public policies that promote children's rights, beyond health policies ("Health in all Policies"), providing and sharing global experience in particular contexts, and raising new teams and leaderships to throughout the world. Finally, I also imagine myself at the forefront of new emerging problems that institutions are often slow to arrive, as is the case of working with minority groups such as LGBTI + children, refugees,

indigenous children, children with disabilities, among others, raising and making visible the new problems that they will have to face in this new post-pandemic COVID19 era, and providing creative and innovative solutions.

Tony Waterston, MD, FRCPCH
Retired consultant paediatrician,
Newcastle upon Tyne
Activist for child health
Tony.waterston@ncl.ac.uk

I have learned much from ISSOP (previously ESSOP) over my professional life. First, about the universal nature of social paediatrics – that its principles and values apply globally, in rich and poor countries of the north, south, east and west. Second, that working together in a society such as ISSOP makes advocacy much stronger and that there is a ladder of advocacy and participation which is closely aligned to child rights. CR is a concept which unites us around the world and we can all learn from examples in other countries. And third, ISSOP is a family which brings individuals together across the barriers sometimes provided by borders, in fellowship, friendship and scientific collaboration – this is what makes ISSOP so unique.

ISSOP has developed the concept of social paediatrics in a very special way around the world – setting out what it means and how it can be put into practice. ISSOP has brought health professionals together around research, around teaching and around advocacy and has made achievements in all these fields. ISSOP has also raised the profile of child rights as a theme which is central to child health, and has developed links across disciplines in a way which is so essential though still little practised. Through its work with other groups including the IPA and many national and global paediatric and non-governmental organisations, ISSOP has had an impact which belies its small status. All strength to ISSOP for the next generation.

Natalia Ustinova, MD, PhD
Social Paediatrician
Union of Paediatricians of Russia

First, I got acquainted with the concept of social paediatrics, formed in Russia - with its origins from the Soviet Union and, accordingly, with some Soviet features of Russian social paediatrics. I learned about ISSOP in 2011, and in the same year, I was at the annual meeting (I celebrate the 10th anniversary with ISSOP!). What I learned through ISOPP allowed me to give a new impetus to the development of the approach of social paediatrics in my country, and it helped a lot in my career.

I consider social paediatrics to be the pediatrics of the future, and it seems to me that many colleagues from the ISSOP share this point of view. An approach to child health that reflects a holistic view, society, personalization, participation, multiprofessionalism, justice and equity — is achievable through social pediatrics.

Nick Spencer
Retired Consultant Community Paediatrician and Professor Emeritus, University of Warwick, UK.
n.j.spencer@warwick.ac.uk

I have been a member of ESSOP/ISSOP since the early-1980s. I have been greatly influenced by the vision and ideas of social paediatrics and can count Professor Lennart Kohler, the father of social paediatrics, as my mentor. My commitment to ISSOP has continued following my retirement.

Bringing together a committed group of paediatricians and child health professionals who understand that biomedical approaches to child health are essential but not sufficient to meet the challenges and threats to children globally.

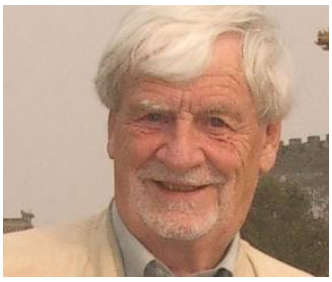
Dr Rosie Kyerematen
Community Paediatrician
Bristol, UK

I was actually reflecting the other day on how being a part of ISSOP has given me the opportunity to develop and mature on a professional level, and in alignment with my personal ethics and values. The ISSOP family is such a supportive group of people - and for me it feels that heart is at the centre of it (which may risk sounding trite, but is in my view fundamental for us as a people, as a humanity). I see this community advocate for and support each other as well as for the children and young people of the world whom we all so passionately wish to protect and empower.

Being a member of ISSOP means that I benefit from the guidance of senior colleagues from around the world who have a depth of experience in global health and child rights issues. It has also enabled me to support other colleagues and introduce them into this community. With the collaborations borne out of ISSOP, my leadership skills and my ability to write and contribute to research publications, have expanded. The exposure to social paediatric and child rights issues, as colleagues face them in their work and communities across the regions of the world, has been invaluable in developing my understanding of these complex issues and for us as a group to work towards finding ways together than we can address them, enriched by our varied backgrounds, cultures and experiences.

I see ISSOP as a leader in bringing to the forefront the issues and concerns that young people themselves feel are important for their social and societal wellbeing, their health and their futures. I see ISSOP continuing to strengthen its collaborative and pro-active links across the regions of the world, and provide a platform for the voices of those advocating for and with children to be seen and acted upon.

I feel that ISSOP have a key role in demonstrating equity in action, by shining a light on the vast experience of the majority world to be heard and valued, and providing guidance for the innate wisdom of children and young people to flourish, so that we can truly work together to find the way through the challenges of the future. I feel valued as a member of ISSOP and I see my specific role in helping to make these things happen.



Lennart Köhler MD, PhD
Founder of ESSOP (now ISSOP)
Professor Emeritus
Former Dean Nordic School of Public Health, Gothenburg, Sweden

ESSOP/ISSOP has always been an integrated part of my professional life. Since its start in 1977 I have been involved in its development and, until recently, participated in its various activities. For me as a paediatrician working in Public Health, ESSOP/ISSOP has meant a unique opportunity to meet professionals in other parts of the world, getting support, inspiration and new ideas. It has resulted in a number of important collaborative projects about children's health and wellbeing, in research as well as in education and training, and has stimulated us to develop the concept of Child Public Health.

For my role in a School of Public Health ESSOP/ISSOP has made it possible to strengthen the School's general policy on internationalism and multiprofessionality. And also helped me to establish Social Paediatrics/Child Public Health as a central part of the School's general programme, thus making the subject an essential matter for our many Master and Doctor students from the 5 Nordic countries.

On top of all that, ESSOP/ISSOP has given me a great number of friends around the world, which has made the traditional annual meetings in different countries both social and scientific highlights. The early marketing slogan of ESSOP *"Join ESSOP, see Europe",* could now aptly be transformed into *"Join ISSOP, see the world"*.

Rita Nathawad, FAAP, MD, MS-GHP
Assistant Professor of Pediatrics
University of Florida, College of Medicine-Jacksonville, USA

As someone who has been interested in Global Health from before medical school training, ISSOP has afforded me the opportunity to collaborate and work with child health advocates around the world, despite personal life choices making work abroad

and travel limited for me at this time. Through ISSOP, I have made friends and mentors. I have also had the fortune to learn from the world's experts in social pediatrics. Social pediatrics is not a well understood or accepted specialty area in the US and having a network of colleagues from around the world to share ideas with, has not only enhanced my work here in Florida, but also enhanced my professional wellness. It is reassuring to know that through ISSOP, I can always find someone who understands the challenges and perils we face serving children and families as social pediatricians.

I am most excited about ISSOP's recent work in the area of defining social pediatrics and developing an index of terminology for all to use. As we continue to expand our knowledge on the physiologic and life course impacts of social determinants on child health and well-being, it is upon us as an organization to advocate for social pediatrics to replace general pediatrics as a discipline, as it is impossible to care for children without considering their social context. ISSOP is well positioned to lead in this shift.

A unique opportunity!
Hiring Now!!!!

Call for Vacancy

To occupy the position of Member of the Editorial Committee of the ISSOP e-bulletin.

Requirements:
- Be a young professional with an interest in children's health and rights- Possess English skills (and other languages)- Have a creative attitude and good sense of humor (necessary to cope with painful realities).

Workload:
- 2 months thinking
- Every two months: dedicate 1 week of intensive brainstorming, compilation and editing work

Sampling procedure of regional representatives
(Just so you can see that we are not very demanding if we consider the total population of each region)
- Europe: 1 representative / 746.5 million inhabitants
- Latin America: 1 representative / 629 million inhabitants
- Africa: 1 representative / 1,216 billion inhabitants
- Asia-Pacific: 1 representative / 2,830 billion inhabitants
- North America: 1 representative / 579 million inhabitants

Salary:
- No salary from the organization, sometimes out-of-pocket contributions from the worker himself/herself.

If you are really interested, contact Tony or Raúl. We will be very happy to hear of your interest in being part of this experience