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1. Introduction

Dear ISSOP Community,

Transiting the pandemic is not an easy task. In the midst of all this turbulent global context, the ISSOP community continues to think, reflect, generate knowledge, experiences and ways of understanding reality and how to confront it.

This issue of the e-bulletin gives us an additional reason for satisfaction since we have a new member (Fernando González) in response to our global call (see article 6.1). Environmental issues, for their part, capture interest again (and will continue to be) through different activities, publications and related proposals (Jeff's words -1.1-, webinars -2.1-, international organizations 3.1, 3.2, and updates on climate change - 9.1, to 9.4-). The children of the world continue to suffer as a result of armed conflicts -4.1-, or of physical punishment and other types of violence - 2.3, 7.2 and 7.3-). COVID obviously cannot be absent and we have several related contributions. ISSOP is present in different international scientific scenarios from its participation in scientific events (Russia, ALAPE), or through cooperation projects (CHIFA, IPA, CLEAR). We have a reading of the Olympic Games from Social Pediatrics. In addition, we will remember Fabrizio Simonelli, present through his legacy.

We remind you that your participation is the reason that gives life to this newsletter, whether by completing the online surveys, contributing articles, opinions or images. Ultimately, this effort depends on you. Your contributions are already appreciated.

Tony Waterston, Raul Mercer, Rita Nathawad, Natalia Ustinova, Gonca Yilmaz, and Fernando Gonzalez.

Children around the world



Street vendor - Phnom Penh, Cambodia, Indochina, Southeast Asia (RH)

1.1. Message from Jeff Goldhagen - President of ISSOP Responding to the Climate Crisis

Drought, heat, and wildfires in the American West. Catastrophic floods in Europe. Drought and wildfires and the loss of the Great Barrier Reef in Australia. In Latin American, devastating fires in the Amazon; lakes disappearing in Bolivia; water scarcity in São Paulo; and melting glaciers in Patagonia. Increasing threats for human health, food and water security, and socio-economic development in Africa. Increasing average temperatures, lethal heat waves, extreme precipitation events, severe hurricanes, drought, and changes in water supply in Asia. Loss of entire islands and cultures in Oceania. Hundreds of thousands of deaths due to heat and drought and flooding. Mass migration, economic and societal collapse, globalization.

The effects of Climate Change have progressed more rapidly than anticipated and have morphed into those of a Climate Crisis—a crisis that can no longer be averted—and only mitigated to a limited extent. And as is almost always the case—children will be those who are most profoundly impacted.

As the world scrambles to respond, it is critically important that the needs and rights of children are considered a priority. It is critically important that “Resilience Plans” have a dedicated focus on the needs and rights of children—all children. It is critically important that the best interests of children be considered in all decisions that are made, that their voice is heard and listened to, and that children from low resourced and majority communities are not discriminated against in the global response.

ISSOP has an important global role to play in the regional and global response to the climate crisis. Our series on the Climate Crisis and mobilization for COP 21 (Conference of the Parties) is the launch of what must become a sustained focus. Tangible and measurable outcomes, framed in the context of child rights, must be the driving force behind our work.

Toward these ends, we will be forming a sustained Special Interest Group (SIG) on the Climate Crisis and Environment. The SIG will allow us to consolidate the work of multiple efforts currently underway, link with other national and global groups—including the RCPCH, AAP, IPA, Planetary Health, One Health, INCHEs, youth driven organizations, etc., prioritize our efforts, and speak with a unified voice. To succeed, we will need representation from all regions that bring knowledge, experience, commitment—and most of all passion, to address this existential issue. ‘

I know I have written columns in the past on Climate Change. However, the recent global climate events demand a renewed and amplified response. Please join us as we continue to organize and amplify our voice and expand our work.

2.1 Reflections from ISSOP Climate Change Webinar: “Responding to the Health and Mental Health Effects of Climate Change”

PRESENTATIONS BY



EDDA WEIMANN, MD, MPH

TECHNICAL UNIVERSITY OF MUNICH

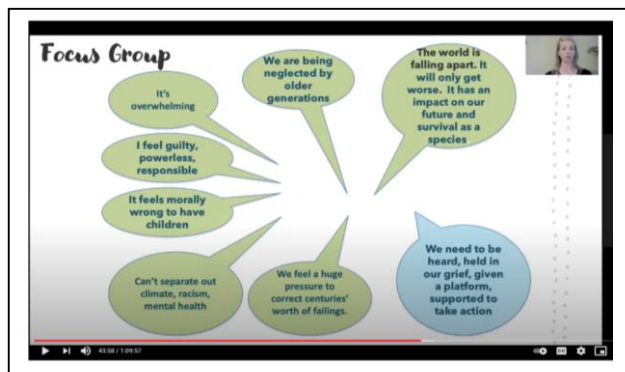


CATRIONA MELLOR, MD

OXFORD HEALTH NHS FOUNDATION TRUST

MODERATED BY: RUTH ETZEL

We had two wonderful speakers for the month of June to speak for our ISSOP Climate Change Webinar series.



Dr. Weimann spoke to us about, “Climate Change and Child Health”, focusing on four main areas; heat waves, air pollution/asthma, obesity and diabetes. Her talk highlighted the increased vulnerability of children to climate change related health effects and also acknowledged that there is little focus on children and we lack recommendations specific to children on this topic. Important to consider are the direct impacts of climate related

events such as heat waves, air pollutants, fires and hurricanes. However, we must also consider the indirect consequences as well such as the trauma of displacement and loss of loved ones, sedentary lifestyle due to lack of play spaces, stress and fear for the future. She highlighted the many ways in which we as pediatric advocates may promote awareness and effect change such as reducing local and global air pollution, increasing green spaces, promoting outdoor activity and enforcing the Paris Agreement.

Dr. Mellor focused on the mental health effects of climate change on children in her talk, “Listening to Children and Young People, Responding to the Mental Health Effects of the Climate and Ecological Emergency”. Effects were categorized into 3 categories:

- 1) Overarching Threat – fear, denial, paralysis, indifference, Eco-distress, Solastalgia, Climate Grief
- 2) Indirect/Gradual – food insecurity, conflict/displacement, disruptions to health infrastructure
- 3) Acute/Direct – fires, floods, causing PTSD, depression and anxiety

Of note the term Eco-Distress was discussed in detail as a wide range of feelings (anger, shame, numbness, helplessness etc), that should not be pathologized and not to be confused with Anxiety Disorder. It is critical to recognize that it is, “Healthy to be frightened in a crisis.” Some ways to support children with Eco-distress include promotion of self-care, working with them on actions that can improve the climate, supporting youth initiatives to counter climate change, form groups and peer networks to work towards a positive change.

Dr. Mellor shared a slide with comments from focus groups with youth regarding Eco-distress which was quite telling.

By Rita Nathawad

Recording available at <https://www.youtube.com/channel/UClkPU1qjQsn7Zj3dkgioTQ>

2.2 Feedback on ISSOP e-bulletin

We are still awaiting responses from many ISSOP members to the survey we posted in the last e-bulletin. It won't take more than 5 minutes, please do it now!!

https://ufl.qualtrics.com/jfe/form/SV_ezdDKw4ylL0qJMy

2.3 Violence on children in Africa on the rise

The renowned activist for children Graca Machel (widow of the late Nelson Mandela) wrote in the Guardian on the 23rd July about her concerns about violence against children in Africa in the following strong words –

Of all the unspeakable injustices suffered by Africa's children – and I've witnessed many – violence is surely the worst because it is almost entirely preventable. Africa's children suffer many hardships, including poverty, hunger and disease. Violence against children is avoidable, yet young people in Africa, especially girls, continue to live with sexual violence, child marriage, female genital mutilation, forced labour, corporal punishment and countless other forms of abuse.

This week, in an attempt to galvanise action, the African Partnership to End Violence against Children (Apevac) convened a high-level virtual conference to present its new research findings confirming worrying levels of violence and slow government responses. Thankfully, there are also some good, African solutions that can be successfully applied across the continent.

I applaud Apevac and its call to the African Union to adopt a regional action plan and to political leaders to massively scale up investment in their countries. It is important that political and financial investment is given to Africa's homegrown initiatives to end violence against children. Studies show such initiatives can be successful in addressing the interplay between schools and societies, law and culture, patriarchy and child rights.

By Graca Machel

3. International Organisations

3.1 RCPCH and Climate Change

ISSOP members are strongly represented in a new initiative on climate change by the Royal College of Paediatrics and Child Health. This is the result of a motion passed by members at the annual meeting of the College and demonstrating strong intentions for action. There will be five working groups –

<https://www.rcpch.ac.uk/key-topics/climate-change/working-group>

- **Advocating for change** | Chair - Dr Katie Knight
- **Research into climate change impact on children and young people** | Chair - Dr Ray Nethercott

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- **Towards a sustainable building and resources** | Chair - Dr Helena Clements
- **Support for members.** Chair | Dr Emily Payne
- **International.** Chair | Dr Bernadette O'Hare

'Around 80 College members - from medical students to retired consultants, from those living in our UK nations to those working internationally - have volunteered to join us over the next three years.

Alongside this dynamic group of members we are establishing an Expert Reference group, chaired by our President Camilla Kingdon, which will bring together experts in the field to advise our work. We will also be working closely with RCPCH &Us to ensure that the voice of Children and Young People is included across all our workstreams.'

The international group is developing a Position Paper on climate change and child health which is drawing from the ISSOP Declaration and should be ready for signing up by other bodies in September – the aim is to have backing from child health professionals across the UK and globally to make the special case for children in relation to the climate crisis, in advance of the Conference of Parties (COP 26) in Glasgow in November.

Professor Camilla Kingdon, the RCPCH President, will be taking part in the ISSOP webinar on 23-24th September.

In a related initiative, Great Ormond Street Hospital is leading a child health cycle ride from London to Glasgow (via Newcastle) in the last week of October, to highlight the impact of climate change on children. This will be supported by the BMJ and will publicise the crisis in all the cities it passes through. ISSOP will be represented on the ride and it's hoped there will an ISSOP webinar at the end of that week with voices from the paediatricians and other child health professionals about why they are making this trip to Glasgow.

By Tony Waterston

3.2 Ambient Air Pollution: Health Hazards to Children

Heather L. Brumberg and Catherine J. Karr; COUNCIL ON ENVIRONMENTAL HEALTH Pediatrics June 2021, 147 (6) e2021051484; DOI: <https://doi.org/10.1542/peds.2021-051484>

Available at: <https://pediatrics.aappublications.org/content/147/6/e2021051484>

The American Academy of Pediatrics (AAP) recently published an updated policy statement, Ambient Air Pollution: Health Hazards to Children. The statement outlines the intersection of air pollution and climate change and its impact on child health.

Children are experiencing worsening ambient air quality due to vehicular traffic, coal-fired power sources, fracking, fires and other harmful agricultural practices. Particulate matter such as sulfur dioxide, nitrogen oxide, ozone, benzene and other pollutants such

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as formaldehyde and various metals also contribute to poor air quality. As pediatricians we will see the health impact of this and must advocate for change.

Children are at high risk for health risks associated with air pollution as their organs are developing and they also have higher air per body weight intake. Examples of poor health outcomes include respiratory disease including asthma, obesity, preterm birth and low birth weight, neurodevelopmental disorders, cancers, increased risk of adult disease secondary to chronic inflammation and endocrine disruption. These impacts may occur across the life span and also cause intergenerational changes through epigenetic pathways.

The policy statement outlines recommendations for pediatricians at the practice, research, and policy levels.

Pediatric Practice:

- Recognize air quality concerns locally and identify appropriate resources
- Promote practices to improve air quality, including carpooling/cycling to work, eco-friendly vehicles
- Use the AQI (Air Quality Index) tool to educate families of protective behaviors (can be found on EPA Website)
- Serve as an expert in your area on the risks of air pollution to child health and promote awareness on the topic

Research:

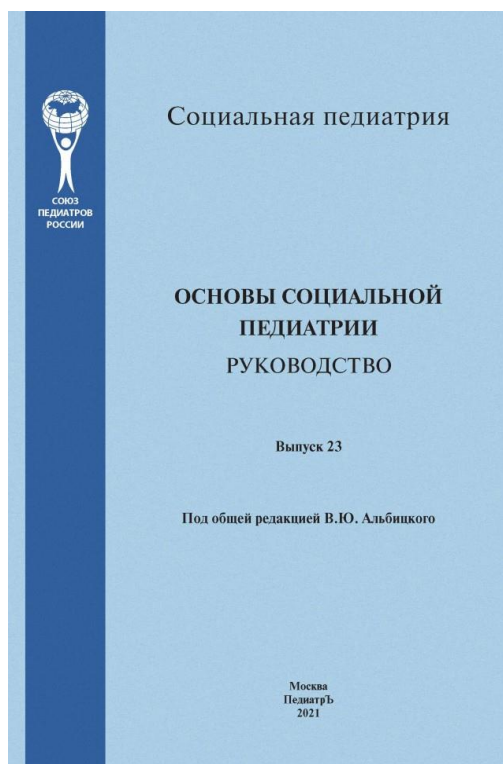
- Evaluate programs and policies to reduce exposure to air pollution for effectiveness and health economic analysis
- Perform health impact assessments, in particular in areas at higher risk
- Develop reliable biomarkers of exposure
- Advance understanding of genetic and nongenetic modifiers of air pollution effects

Regulation and Policy:

- Continue to uphold and strengthen the Clean Air Act
- Advocate to limit emissions from coal, gas and oil industries
- Consider pediatric and fetal development in all programs and regulatory reviews related to air contaminants
- Reduce traffic related air pollution for schools and daycares
- Promote lower emission technology and transportation
- Advocate for 100% renewable energy

By Rita Nathawad

3.3 Social Paediatrics in Russia 2021



We all exist in the age of COVID-19 pandemic, despite the difficult times, there are many important and interesting news in Russian social pediatrics. In ISSOP previous e-bulletin, we have already mentioned about such a significant event as the Congress of Russian Pediatricians, which took place on March 5-7, 2021. The first conference on social pediatrics with the participation of ISOPP members was held within the framework of the Congress. It seems that the conference will go down in history, marking a new stage in the development of social pediatrics in Russia. Perhaps the pandemic, the lockdown, and social restrictions made it possible to sharply emphasize the need to take into account the social aspects of children's health, and to consider social pediatrics as the key conception (approach) to solving the problems of children's health care.

The level of the reports and the topics raised are of such great interest to specialists in children's health care that it was decided to publish a book with selected papers. We hope that ISSOP colleagues will support the idea of Russian social pediatricians and provide their papers on global and conceptual constructors of social pediatrics, training for social pediatricians, International Classification of Functioning, and, of course, climate change issues (the last topic is still very rarely presented in Russia).

Also in 2021, the book "Fundamentals of Social Pediatrics. Guide" (V.Albitskiy, N.Ustinova, D.Zelinskaya et al. Moscow, 2021, 416P.) was published. We are very pleased with the release of this book, as this is the first full-fledged textbook on social pediatrics in Russia.

By Natalia Ustinova

4. Current Controversy

4.1 ISSOP Statement on Israeli-Palestine Conflict

International Society for Social Pediatrics and Child Health (ISSOP) Statement on Israel-Palestine Conflict

Though the acute conflict between Israel and Gaza has subsided, its direct and indirect impact on children remains. ISSOP strongly condemns violence against children in whatever context and has issued a *Declaration on the Prohibition of Harm to Children in Armed Conflict* (<file:///C:/Users/ilgold/Downloads/Beirut-Declaration-on-Prohibition-of-Harm-to-Children-in-Armed-Conflict.pdf>) and a Statement condemning the bombing of civilian areas in Gaza by

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Israel and the firing of rockets into Israel by Palestinian groups in Gaza (<file:///C:/Users/ilgold/Downloads/ISSOP-statement-Protect-children-in-Israel-and-Gaza.pdf>). Beyond physical injury, the psychological trauma caused by these actions will affect the health and well-being of children in Israel and Gaza throughout their life course. These actions represent profound violations of children's rights and may constitute war crimes by both Israel and Gaza.

ISSOP supports the need to finally and decidedly address the root causes for the continuing assault on the rights of Palestinian children. Though we acknowledge the complexity of the history and politics of the region—and contribution of Israeli, Palestinian, and other State and non-State actors to the conflict—ongoing violation of Palestinian civil, political, economic, social, and cultural rights on the West Bank and Gaza remain primary drivers of the violence impacting children and the failure to attain diplomatic solutions to the ongoing conflict.

Human rights violations

Israel has legal responsibilities as an occupying power under international conventions, including the UN Convention on the Rights of the Child (CRC), for the safety, welfare, and protection of the human rights of children living in the **occupied** Palestinian territories (oPT). The [2014 report](#) of the UN Rapporteur on Human Rights in the Palestinian in the oPT describes the impact of human rights violations on the Palestinian people. Ongoing Israel activities that particularly affect the health and well-being of Palestinian children include:

- Growth of Israeli settlements on Palestinian territory and travel restrictions that impede access of children to health care, education, and their basic needs for optimal growth and development.
- Evictions of Palestinian families from housing held for decades, particularly in the East Jerusalem area.
- Demolition of housing.
- Exposure to violence resulting in psychological trauma that impacts children's health and well-being across the life course.
- Home invasions by the Israeli military that traumatize children.

These and other Israeli activities impact the multiple Promotion, Protection, and Participation rights of Palestinian children as articulated in the CRC—which Israel has ratified.

Call to Action



ISSOP condemns the failure of Israel to fulfil the rights of Palestinian children to optimal health and well-being. Whilst ISSOP recognizes the contribution of all parties to the ongoing conflict and violations of children's rights, Israel as an occupying power has a responsibility to institute sincere and equitable peace negotiations, with the assistance of the international

community and participation on an equal basis of the Palestinian people.

Thus:

We call on paediatricians and other child health professionals and professional organizations in Israel and Palestinian territories, with the support of the global community of paediatricians, child health professionals, and professional organizations, to demand an end to child rights

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violations in Palestinian territories and to promote peace and the cessation of all hostilities on both sides.

We call on the Israeli Medical Association and the Israeli Paediatric Association, and the Paediatric Society of Palestine and Palestinian Medical Council to work together to advance the rights of children throughout the region and promote peace.

We call on all paediatricians, child health professionals, and professional organisations globally to request that all parties in the region recognise and respect the rights of Palestinian and Israeli children to optimal survival and development, cease the use of armed force that can potentially harm children throughout the region, and implement diplomacy that will ensure the peaceful development of the Palestinian people.

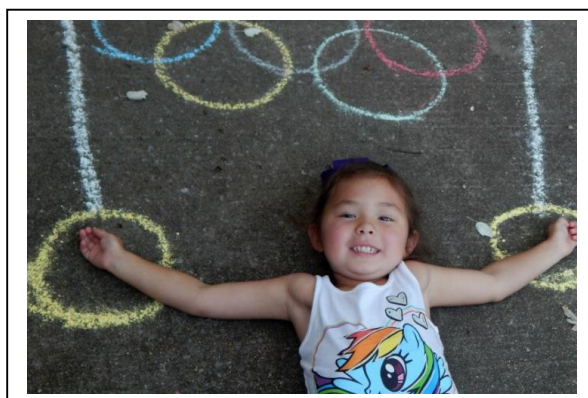
Furthermore, we call on all paediatricians and child health professionals and professional organizations to work together to advance the rights of all children throughout the world to protection from the impact of violence and armed conflict.

Finally, recognizing the direct and indirect involvement of multiple nations and non-State actors in this conflict—involvement that includes production and sale of armaments to warring parties and training and supporting combatants, *we call* on all child health professionals to advocate and work within their own countries and organizations to stop the impact of armed conflict on children.

If there is a motive, a reason, a justification, an argument that allows generating a space of hope to confront this historical conflict, the answer lies in childhood. It is Palestinian and Israeli children who have the right to be born and live in more, beyond the interests and pettiness of the adult population that privileges their particular interests without considering the interest of society as a whole, particularly the children of both territories. . Children do not deserve to be condemned to live in a permanent climate of hostility and violation of their rights. Violence cannot be eradicated with more violence

4.2 The children from the Olympic Venue

Lockdown was declared in Tokyo on July 12 in 2021. But the fifth wave of COVID-19 is expanding rapidly amid the Olympic Games. On July 27, the rate received twice COVID-19 vaccine was 26% in the whole population and 70% in 65 and over. As a result, the positive generations are mainly 20-30 years old who don't have the chance for vaccinated. Even in the latest week, the infected proportion under 20 years old is about 15%, which is lower than that in the whole population.



On the other hand, in the spread of COVID-19, the first decision from the government was to close schools for three months, from March to May in 2020. After that, the government declared nationwide lockdown lately. Thus, because the politics of braking and accelerating

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economic activities have repeated, COVID-19 became more significant than the previous wave every time.

All TV channels have been broadcasting the Games. The athletes are doing their best, and each game makes the audience moved. But something is wrong. Expanding infection slowed down because of each person's awareness of preventing the condition, but the Olympic Games have put aside such efforts. And the Games seem not fair for all athletes in the world. Even though school closure was lifted for three months, children couldn't go to school without any explanations. Their only fun became playing games with friends remotely, watching TV, and distracting YouTube. They began to sit up late, couldn't get up in the morning, and finally became exhausted.

Meanwhile, families, especially their moms, supported their children, but some parents were in unstable working environments, so they could not do so. As a result, the socio-economic disparities became widened under the pandemic. Please listen to their voices; "We are only allowed to do what adults decided. We want to participate in the decision-making process regarding Corona prevention at school", "Why are adults allowed to gather in a large group and to drink late evening?", "A stranger got angry with us when we were playing at a park", "Sports activities and school events are more important than adults think. You too were children before, so please do not forget about it", "To my teacher, you give us too much homework!", "I wish my mom listen to me more", "Summer vacation shorten because of school closure which I had not wanted!". Politics and society should think of children and their rights. Children or vulnerable people-centred society is the best one for everyone.

Reference: https://www.ncchd.go.jp/center/activity/covid19_kodomo/report/digestreport_en.html

By Hajime Takeuchi

4.3 Are we selling children & adolescents a lifetime of ill-health?

CAP-2030 webinar

Children and young people today live in a media landscape, the breadth and reach of



which is unlike any that has existed before. This comes with huge benefits for young people, in learning and education, in seeing parts of the world and cultures they might not otherwise see, and in having many more ways to be entertained and have fun. But it also means

children are more vulnerable to the same breadth of multimedia exposure harming their health and wellbeing, through the marketing of harmful products and services in more places and from a younger age than ever before. Children in All Policies 2030 (CAP-2030) is actively engaged on pushing for better recognition of children's rights around harmful marketing, and better marketing standards towards children. On July 7th, we hosted an online webinar discussing this issue, with an international panel of subject matter experts. For more information on CAP-2030 and our work on children's health and wellbeing, visit our website: cap-2030.org

Link to watch the webinar: <https://www.youtube.com/watch?v=uVxwUh5kbsg>

By Will Brett Harding & RM

5.1 CHIFA report

If COVID-19 has taught us anything, it is that change is constant, and we must adapt quickly to these changes. No doubt, the pandemic has caused many disruptions, but it has also highlighted how much we can achieve through a collective will. While COVID-19 has dominated airwaves for over one year; the discussions on CHIFA highlight that CHIFA members are not losing sight of the Child-health related issues that predate COVID-19. Recently, CHIFA members have used the platform to highlight the impact of violence on children's mental health, neonatal sepsis, low childhood vaccine uptake, severe anaemia and quality health care. We have learned through the CHIFA forum that the COVID-19 pandemic has stretched even the well-resourced healthcare system to breaking point and made it even more complicated for the healthcare system to attend to equally important issues like Polio, climate change and mental health. CHIFA members continue to use the platforms to raise awareness about these now-neglected issues. Since the beginning of the pandemic, CHIFA members have also used the platform differently. For example, members have been open about the contextual realities of the pandemic in their respective countries, and members have sought collaboration and support for evidence-based information on various issues. With travel restrictions in place, we have also seen CHIFA members use the platform to raise awareness about child-health related webinars, training opportunities and relevant conferences.

By Tosin Popoola, PhD, is an assistant moderator at CHIFA

5.2 IPA report



The renewal of authorities of the IPA (it was reported in the previous issue of this bulletin) not only represents a change of names. Is much more. It also represents a vision that addresses new perspectives, new institutional policies, new priority issues related to childhood and adolescence.

In this sense, the dimension of rights occupies a relevant place in the IPA platform. As always, at ISSOP we were concerned with the establishment of articulation bridges and synergies with a view to generating an effective partnership model. We must recognize the will of IPA favoring channels of listening, dialogue and joint work. IPA is contributing to the mass dissemination of the ISSOP newsletter through its website with global access from the pediatric community. This is a call for us to deepen these links.

<https://www.ipa-world.org/>

By Raul Mercer

5.3 CLEAR report from Latin America

The COVID-19 Leadership Response in Vulnerable Settings (CLEAR) initiative is excited to invite ISSOP to join with them in a virtual Workshop on Program Resilience and Adaptive Capacity. At the workshop, on-the-ground teams who have been profiled by CLEAR will reflect on their experiences and explore ways their organizations can enhance their capacities to respond and adapt to ongoing and future crises and challenges. ISSOP participants are welcome at two levels: profiled teams as focal “cases” for the workshop, and other ISSOP leaders and members interested in contributing to and participating in the learning journey.

Their goals are twofold: first and foremost, to provide a capacity-building opportunity for the participants, building on what they have already achieved, to enhance their resilience and adaptive capacity in the face of crises like COVID-19 and other challenges; second, to develop and harvest insights across the cases that can inform the field more broadly. The workshop will consider four key areas, drawn from our work so far, where capacities, resources and practices can build resilience: Listening & Building Community Trust, Aligning Around Purpose, Rapid Collaborative Problem Solving, and Mobilizing Rapid Action.

These are the case studies selected by CLEAR from the LAC Region. Additional cases were selected from African and Asian regions.



More information in <https://www.higherambition.org/clear>

By Raul Mercer

5.4 ISSOP/INRCH Report

Update on the work of the ISSOP/INRICH COVID-19 Research Group

The research group has been meeting regularly since April 2020. At our last meeting on 20th July we focussed on bringing the work of the research group together initially as an inventory of completed/published projects and potentially as a review article publication. Based on the thematic groups, a range of projects from across the world have been undertaken many of which are nearing completion. Here are examples of the work of the group:

The Voices of Children group is completing two literature reviews – one on publications involving the voices of children and the second on a critical review of methodologies employed to capture the voices of children. Papers on the voices of marginalised children in India, children in Canada and in Bradford, UK, have been submitted for publication. Studies from Guinea Bissau, Iceland, the USA are nearing completion.

From the Children with Disabilities group, papers from Canada, Brazil, Quebec, Australia and Sweden have been completed and published or submitted for publication. Projects are nearing completion from Germany, Russia and Pakistan.

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Colleagues from Latin America have submitted a paper for publication based on a review of policy in relation to children during the pandemic.

The North Europe group are working on analysis of a survey that has been widely circulated on child health professionals' perceptions of how their governments have protected or violated child rights during the pandemic.

Studies on psychological impacts on parents & children have been completed in France, Japan, Nigeria and Pakistan as well studies on violence against children during the pandemic in Indonesia and Pakistan.

The inventory will be available soon and will be updated regularly as projects are completed and published.

By Nick Spencer

6. Trainee Report

6.1 Decolonizing ISSOP e-bulletin

This article, while not written by a trainee, but is aimed at the young social pediatric population.

As you may recall, a couple of issues ago of the ISSOP e-bulletin, we made an international, transcontinental and transgalactic call inviting young professionals to join the Editorial Board of the bulletin. On that occasion we published a notice explaining the benefits of this call and the importance of renewing the Editorial Committee generationally.

We remind you that currently its composition has a partial representation of the globe: NA (1), LAC (2); Western EU (1), Eastern EU (2). As you can see, there are regions of the world that are not yet represented: Africa, Asia and Oceania. Hence our call to decolonize the bulletin and increase the base of geographic and cultural representation.

According to the United Nations, the world population is around 7 billion inhabitants. From which it can be deduced that the presence of one more member in our group (Fernando González) affected 1.4^{-10} people in relation to the total global population. This figure indicates that we still have space to add a representative from one of the aforementioned regions. For this reason, we make this new call to the community of social pediatricians and invite them to participate.

We take the opportunity to formally welcome Fernando González from Chile who joined with enthusiasm, passion and willingness to contribute with new perspectives to this process of collective construction.

By Raul Mercer

7. Publications

7.1 Child Rights in pandemics

'Conflict' between transmission control and protection of children's rights

Conflict between transmission control and protection of children's rights

The arrival of SARS-CoV-2 has challenged governments to rapidly design and implement strategies to control the pandemic by preventing its transmission and treating this disease Covid-19. In many cases, these measures have directly or indirectly interfered with the exercise of cultural, social and economic rights, and particularly with the rights of children and young people, enshrined in the Convention on the Rights of the Child.

One year after the confirmation of the first case and taking into account the social inequities of the region, deleterious effects have been reported on children, especially in relation to their health and in the conditions necessary for their development and that they can reach their maximum potential. These include, among other things, the lack of access to health services and immunization, the increase in violence inside the home in all its forms, the deterioration of physical and mental health, with the increase in the prevalence of malnutrition and the increase in gaps in educational trajectories.

A preprint article of the Pan American Journal of Public Health, elaborated by the Latin-American group of ISSOP, reviews the mitigation policies implemented by 3 countries of the region (Chile, Colombia and Peru) for the management of the SARS-CoV2 pandemic during its first year, from child and young people's rights perspective.

Through a cross-case study, a comparative analysis of the recognition, protection and restoration of child rights in the public policies, it is evidenced that an interest in health promotion and prevention of virus infection converge through internationally recommended biosafety measures. There were clear similarities and few divergences between them, sharing a strong cultural adult-centered background, own of his idiosyncrasy. The need to improve the inclusion of children and young people and specially their voice in political decision-making is strongly revealed. And the recognition of the inequality gaps due to social determinants; and the need for advance in the progression of their rights are the main requirements revealed by this analysis.

By Fernando González

7.2 General Comment 25, a framework to promote equity and protect children's rights on the Internet.

<https://www.ohchr.org/EN/HRBodies/CRC/Pages/GCChildrensRightsRelationDigitalEnvironment.aspx>

The Committee on the Rights of the Child has just published General Comment No. 25, which includes the rights of children in the digital environment. This Comment, which considers that the protection of children and young people in this environment is fundamental, is the result of a three-year consultation process in which more than 700 children and adolescents from around the world have participated.

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Since the arrival of the pandemic, the use of the Internet among children and adolescents has exploded. It is true that information and communication technologies have innumerable benefits, but they also entail risky practices that now, more than ever, must be taken into account. In a digital age, the Internet must be a tool that serves to promote the rights of children and adolescents and guarantee that children can develop their full potential; however, if misused it may be more of a risk. The increase in the use of these technologies also increases the likelihood of abuse.

UNICEF remind us that the digital world has many very real risks, which already existed before the pandemic. Among them, those related to:

- Online abuse and harassment: overexposure of the image in the digital environment, sexting, grooming (inappropriate contacts with strangers) or loss of control over one's privacy.
- Disinformation or exposure to violent, age-inappropriate or self-harm content.
- Child sexual exploitation.
- Overexposure to screens, inappropriate use time for age, impact on family and social relationships.
- Addictions to online games or gambling.
- Inappropriate behaviours: cyberbullying, trolling (insults on the network), etc.

All these risks have something in common: they endanger the rights of children and adolescents, as well as their safety and mental well-being. Among the rights that may be violated is the right to protection, education, privacy, to receive information appropriate to their age and the right to play.

The adoption of this General Comment is an exciting opportunity to make the claim that rights apply online and offline. This document should land on the desk of every government in the world to clarify what the digital environment means for children's civil rights and liberties, their rights to privacy, non-discrimination, protection, education, play and more.

By Fernando González

7.3 Physical punishment and child outcomes

This review published in [the Lancet](#) summarises the findings in 69 prospective studies about the harmful effects of violence against children perpetrated by parents in the home.

The studies identified seven harmful long term effects of corporal punishment:

- Physical punishment (PP) predicts increases in child behaviour problems
- PP is not associated with positive outcomes
- PP increases the risk of involvement with child protection services
- Externalising behaviour is the only reason for eliciting PP
- PP predicts worsening behaviour over time
- There is some evidence of a dose-response relationship

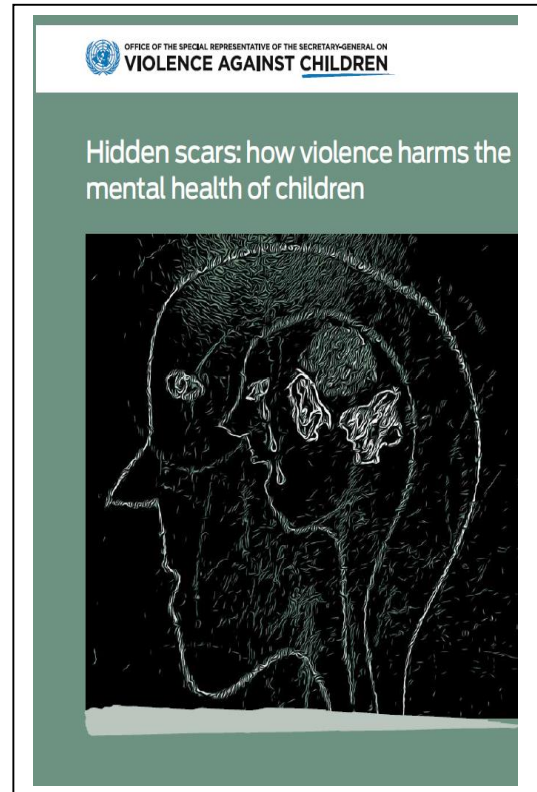
The authors conclude that corporal punishment is harmful to children.

This review provides further evidence of the absolute need for governments to make physical punishment in the home unlawful. Paediatricians have an important role to ensure this happens. If your government has not already banned PP in the home, please write and tell us what action is being taken by your paediatric society and others to press for this health promoting move!

By Tony Waterston

7.4 Hidden Scars: How violence harms the mental health of children.

More than 1 billion children – half of all children in the world – are exposed to violence every year. They face violence in many forms and in many places, whether they are online or offline, in their homes, schools or communities. A child can be the target of violence, can witness it, or be exposed to it. Children may often face a ‘perfect storm’ of violence: different forms of violence that occur together, or one form that leads to another along an appalling continuum. It is clear that violence has a severe impact on the mental health of children. Exposure to violence is often traumatic, and it can evoke toxic responses to stress that cause both immediate and longterm physiological and psychological damage.



The consequences of violence include depression, post-traumatic stress disorder, borderline personality disorder, anxiety, substance use disorders, sleep and eating disorders, and suicide. The cumulative impact of violence on children's mental health is shaped by the way in which children experience violence as they move from early childhood to adolescence, with variations in both the forms of violence to which they are exposed and the consequences for their mental health. These consequences can be passed from one generation to the next, particularly for children whose childhoods have been characterized by exposure to intimate partner violence, and for mothers who experienced violence as they grew up.

https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/documents/publications/final_hidden_scars_hhow_violence_harms_the_mental_health_of_children.pdf

Posted by Ayesha Kadir in CHIFA

8.1 The vaccines during COVID-19 in Japan

The Committee on Immunization and Infectious Diseases of the Japan Pediatric Society published the changes in childhood vaccination during the COVID-19 pandemic in Japan. Some of the authors are my close friends. So, I want to share their study.

This study is based on comparing vaccine administered doses in four cities between 2020 and the average of 2016-2019.

The results are as follows:

1. For infants, HepB and BCG decreased around -10-30% in spring and then recovered around -10% in summer and early Autumn.
2. For one-year-old children, MR 1st and VZV1st & 2nd decreased around -10~30% in spring and then recovered around the same as usual in Summer and early Autumn.
3. For more than three-year-old children, MR2nd, Japanese Encephalitis 1st, 2nd, 3rd and 4th, DT decreased around -10~40% in spring and then recovered around +20% in summer and early Autumn.

They discussed the results as follows:

1. The parents of infants might be more concerned about getting COVID-19 when going outside for vaccinations.
2. The information from the government and the media might have had a more significant impact than local pandemic conditions on vaccination behaviour.
3. The limitation is that it is difficult to calculate the vaccine coverage from this study.

Reference: Y Aizawa, et al. Changes in childhood vaccination during the coronavirus disease 2019 pandemic in Japan. Vaccine 39 (2021) 4006-12.

By Hajime Takeuchi

8.2. Arts and Health: Yellow fever, before and after....



Yellow fever
Juan Manuel Blanes (Uruguay) 1830-1901



COVID-19
Alejandro Pesichetti (Uruguay) 2021

"What does a mirror give us back? The reality we want, looking for the best profile. Acting and photographing challenge the viewer's gaze. In the absence of spectators in the stalls, we went out to interpret our harsh reality."

By Raul Mercer

8.3 Arts and sadness. Unstoppable: a tribute to COVID-19 victims in Brazil



The Americas concentrate the highest number of reported cases of sickness and deaths from COVID-19. In this context, Brazil represents a paradigmatic field that nests political, social, cultural and health tensions. Brazil has long passed the critical figure of 100,000 deaths from COVID-19.

This situation, paralyzing for many, was a reason to recreate a reading of the pandemic from art. The video we share contains a musicalized poem presented by the singer Chico Cesar and the accompaniment of the San Pablo University Symphony Orchestra. The song refers to the names of those who are no longer considering that although the numbers do not summon up the alarm, perhaps the names can generate collective awareness about the magnitude of this tragedy. The video is subtitled in English.

<https://www.youtube.com/watch?v=5Z0OaldEaAo>

By Raul Mercer

9. Climate Change Upgrade

9.1 UK unprepared for climate chaos

The UK is woefully unprepared to deal with changes occurring to the climate, government advisers say.

A report by the independent Climate Change Committee predicts warming will hit the UK harder than first thought.

It warns of more severe heatwaves, especially in big cities, and more intense rainfall, with an increased flood risk across most of the UK. It says homes, infrastructure and services must be made resilient to floods, heat and humid nights.

<https://www.bbc.co.uk/news/science-environment-57487943>

9.2 Ministers should urge public to eat less meat

The UK public should be urged by the government to protect the climate by eating less meat and dairy produce, advisers say.

Cattle are a major source of planet-heating gases, but ministers fear a backlash if they ask people to cut down on steak. But the Climate Change Committee (CCC) says people should reduce meat-eating for their health, as well as for the planet. It says the issue is one of many failings of a government which is delivering only a fifth of its pledges on climate change. People should be asked to eat 20% less meat and dairy produce by 2030, and 35% less by 2050, the CCC insists.

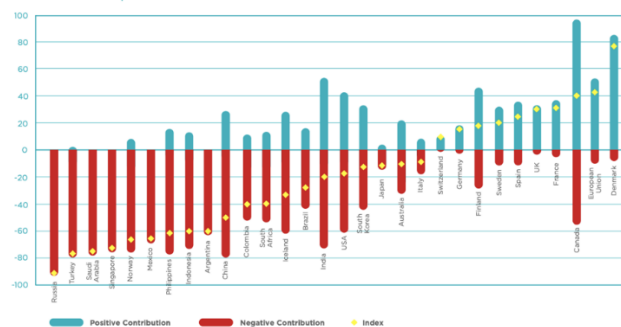
<https://www.bbc.co.uk/news/science-environment-57580254>

By Tony Waterston

9.3 Greenness of Stimulus Index

This interesting [publication](#) by Vivid Economics assesses the effectiveness of the COVID-19 stimulus efforts by G20 countries and ten other nations in ensuring an economic recovery that takes advantage of sustainable growth opportunities, and builds resilience through the protection of the climate and biodiversity. Many commentators have proposed that the COVID pandemic is an opportunity to prepare for the changes required immediately to protect against and mitigate the impact of destructive climate change. In putting in place recovery programmes (which themselves are highly expensive), governments should ensure that environmental protection is at the forefront and that changes are made to prepare for new working, travelling and building patterns to enable to the reduction in carbon emissions that are essential – i.e. Building Back Greener. This useful graph shows that only a few of the richer countries are providing this opportunity in their stimulus programmes. Congratulations to Denmark and the EU, which come out tops on this index.

Figure 1 | Greenness of Stimulus Index

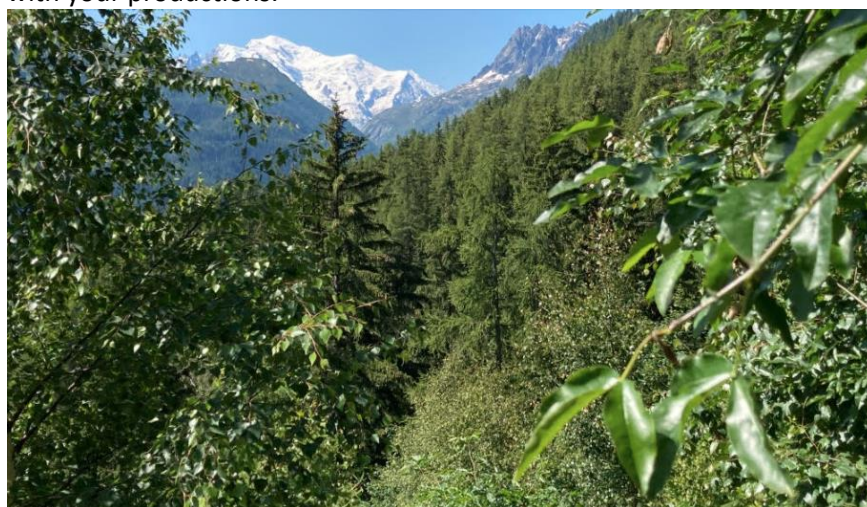


By Tony Waterston

10. Social Pediatrics around the world

10.1 What does Yvon see through his window?

Yvon Heller shares us a vision of the space surrounding him. The meaning of these images brings us closer to intimacies, natural beauties and the way in which each of us expose our surroundings to the world. Obviously, this image contemplates aspects of creativity and sensitivity. Thanks Yvon for sharing this image. We invite the ISSOP community to contribute and share with your productions.



*Le Glacier des Grands and on the right les Aiguilles Rouges.
If one goes a little further up one has a nice view on the Mont Blanc (YH)*

10.1 Tribute to Fabrizio Simonelli

A Children's rights Advocate, after one year without him

Fabrizio's commitment to children's rights started a long time ago, thanks to philosophy and to the study of Latin. They gave him mindset. Philosophy gives us the great opportunity to reason on the cause of phenomena in a complete and interrelated way. All parts have meaning by themselves but especially if they are comprised in a broader framework where they can work as a fine mechanism.

Latin is the second ingredient for understanding complexity and how it works: all parts have a precise order, even if it is hard to see it at first. You have to look for it. Patiently. That's how he became a framework creator; this is the approach he used in life and also in building partnerships for the promotion of children's and human rights.

Like Fabrizio, there are many children's rights advocates out there who are completely unknown to the public, heroic ones who work for rights every day. We should have time and patience to know them all. Let's start with Fabrizio, my father, in this occasion, celebrating his life and commitment, the challenges he faced and what he left on this earth.

He started his professional training with psychology, because psychology gives us a hint on how our mind 'works': why we react in certain ways, why we focus on certain priorities, why we ask ourselves why.

He started working in the National Health Service as manager for the organization of services at territorial level focusing particularly on early childhood development, as psychologist He managed difficult situations in order to prevent and combat children's mistreatment and poverty.

by working directly on cases and services organization, in strict collaboration with the judicial system, making sure critical conditions in families would not impact children's growth and well-being. He coordinated a fine group of professionals, in order to achieve this goal and he was one of the first professionals in Italy to bring health promotion into healthcare services.

He started developing the international side of his work, even if he didn't even speak English at first. He learned it by himself in his fifties. His colleagues and friends remind his unique approach to English and also a very peculiar accent. Thanks to these efforts, he was able to meet and compare views with extraordinary colleagues at International level, and learn from their expertise and experiences. He was profoundly thankful and enthusiastic about that.

He started coordinating the International Task Force for children's and adolescents' health promotion in the framework of the International HPH network. As Task Force Leader, he coordinated a study in 114 hospitals at international level, which led to the development of a Manual and Tools on Children's Rights in Hospital (first edition, 2009, second edition, 2011). This tool was later implemented by the World Health Organisation Office for Europe.

He collaborated with the International HPH Network and also with Italian colleagues who represented a great occasion and opportunity to reason freely and ambitiously on the development areas for Task Forces, also in terms of impact they could make.

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He moved to Florence's pediatric hospital in order to continue working for children's rights and as Task Force leader he met, during his visit in the city and in the framework of International cooperation, Simon Peres, with whom the pediatric Hospital had just made an agreement for Palestinian children to be taken care of in Israel's facilities, in times of war. He followed closely



the process, supporting it for promoting children's rights.

He was then nominated Director of the WHO collaborating centre for children and adolescents, where he could enhance his commitment for children's rights also by collaborating with the WHO Office of Copenhagen and of Venice to define strategies and goals to be reached at International level. During his mandate, he promoted and organized the HBSC forum to reason on health behavior in school aged children and opened

and coordinated the HPH regional network in order to improve the standards for children's health promotion. He collaborated as Expert with the Council of Europe in order to define the on Child-friendly Healthcare, and it was a real honor, also in that occasion, to look closely at his ethical commitment and determined approach to promote children's rights.

Later on, in Bologna, he started the Think and Action Tank to advance children's rights, in company of high level professionals, able to keep his curiosity and interest high and to challenge his vision. He reached these brilliant results, in his life, with a clear objective: to give a contribution to try and make the difference for children, to collaborate with other professionals in order to level up the commitment of societies in this field. I think he did a very fine job, of course I am his number one fan. In all his work experiences he never once followed the trends established by politics, when it came to interests or power struggles, and maintained a pure and open vision and point of view. This allowed him to meet other dreamers, like he was.

Looking at his youth and at his disciplined approach to life, and at all the teachings and ideas he left us, I would say that he has been perfectly able to combine his attitude in daily life exercises with mushroom hunting, walls building, antiquities collection, songs writing, with his capacity to patiently look and find all the answers to every problem. It all required knowledge, patience, framework, a clear view on assets, a precise idea on the final goal. You really need a philosophical approach to accomplish this result.

Every piece has its own place. Every person you meet, every conversation you have adds a little bit more to the general picture, to the mosaic of your life. We were privileged enough to take a close look at his, admiring the painting he drew in and with his life and it is definitely something to look up to. We hope, one day, that children will be able to see it too through concrete results what we are continuing to build, also thanks to his example as mentor and pioneer. He definitely left motivated allies for accomplishing this mission.

Daniela and Ilaria Simonelli and his Dreamers colleagues and friends