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1. Introduction

Apologies for the late arrival of this e-bulletin, an after effect of the excitement and enthusiasm engendered by the Geneva meeting of ISSOP. This month we feature the Sustainable Development Goals, just approved by the UN General Assembly and an appropriate agenda for ISSOP to engage with over the next decade. However the Goals are not easy to take on board and it was agreed that a simple guide for health professionals is highly desirable. Other topics covered in this e-bulletin are an outline of ISPCAN which is doing great work on the prevention of child abuse; the work of our trainees in putting out clear and well illustrated messages on our mission; and a sad encomium for Tom Tonniges, a fine leader for social paediatrics in the USA who died recently following a debilitating illness.

Tony Waterston and Raul Mercer



2. Meetings and news

2.1 ISSOP in Geneva Sept 7-9 2015

The theme of the meeting was the Sustainable Development Goals. Keynote speeches were given by **Gerison Lansdown** on a child rights perspective on the SDGs; by Michael Gerber of UNICEF on the goals themselves; and by Professor Anthony Costello, formerly of University College London and now Director of Maternal, Newborn, Child and Adolescent Health at WHO on moving from the millennium to the sustainable development goals. The first two of these presentations can be found in the download section on the ISSOP website www.issop.org and hopefully Tony Costello's excellent talk will arrive there soon.

There is so much to think about with respect to the new goals of which there are 17 – and they are quite a lot more complex than the ten MDGs. Gerber pointed out that 12 of the new goals are directly linked to children's rights, unlike the MDGs which were not aligned to human rights standards, and they will be legally binding on nations who sign up.

A useful description of the goals can be found at <https://sustainabledevelopment.un.org/content/documents/1579SDGs%20Proposal.pdf>

Goals 1 and 2 describe ending poverty and hunger by 2030.

Goal 3 would ensure healthy lives and well being for all ages. Child Health targets are included here.

Goals 4-7 cover education, gender equality, water and sanitation and access to energy for all.

Goal 8 is to promote economic growth (7% in the least developed countries). This is described as sustainable growth BUT how is this goal compatible with **Goal 13** to take urgent action to combat climate change?

Goal 10 would reduce inequalities and **Goal 16** promotes peaceful and inclusive societies for sustainable development and Goal 16.2 would end abuse, exploitation, trafficking and all forms of violence against and torture of children.

The Goals are comprehensive and exciting and we should examine them carefully and align them with the ISSOP goals and vision.

My main concern is whether the interests of global corporations, the neo-liberal leanings of most Western governments and the wish of the powerful to retain their control of resources (particularly energy) will allow the goals to be comprehensively tackled. We have to believe that they will but only with the efforts and pressure of civil society as well as the UN, WHO and partner agencies.
TW

.. and here is a Facebook post on the conference from **Darshana Bhattacharjee** (a UK trainee)

As a relative newcomer to ISSOP, I just wanted to mention a few thoughts on my first ever ISSOP conference last week. Firstly, I want to thank Rosie; had it not been for the trainee forum she set up by email and plenty of encouragement, I would not even have heard of ISSOP! The power of "word of mouth"...

Secondly, I found the conference one of the most inspiring and thought-provoking meetings I have ever been to. I finally found myself in the presence of a group of like-minded people working in the field of child health, who were both down to earth but achieving things far beyond my expectations, and consequently I felt hope that I too could achieve some of the goals through working in child public health that previously have only been unstructured ideas. I am already planning ways in which I can incorporate child rights issues (including some well-chosen SDGs!) into educating my peers and students, with hopes to put them into practice.

We have a challenging path ahead of us, but I know with the support of the type of people who make up ISSOP, we can make a lot happen in the field of global child health. Last but not least, I have made many new friends from ISSOP, many of whom are in various parts of the world; a truly international society. I want to thank all of the people that I have met, and those who have made the conference the great success it was. I encourage you to spread the word of ISSOP, as it can only lead to progress!



2.2 IBFAN report on conflict of interest workshop

Gisela Dutting and Rebecca Norton report on the workshop on conflict of interest at the ISSOP conference, where they presented on the work of IBFAN

IBFAN and Conflicts of Interest

IBFAN, International Baby Food Action Network, protects promotes and supports breastfeeding and infant and young child feeding. IBFAN is active in 160 countries and consists of more than 270 local groups. IBFAN was born in 1979 from the need to protect babies from aggressive marketing by the baby food industry.

IBFAN has regional offices in Burkina Faso, Swaziland, India, Costa Rica, Switzerland, Canada and Egypt. The UK based group Baby Milk Action focuses on campaigning against harmful marketing. With the specialized legal office in Malaysia, IBFAN-ICDC, we are monitoring violations of the International Code of Marketing Breast Milk Substitutes.

IBFAN continues every year to publish reports on code violations, not only by Nestle, the reason why we started the network in 1979, but by many other companies as well.

IBFAN addresses Conflicts of Interest at the WHO and other international organizations. We are highlighting three elements here:

- Although there are different definitions, Conflicts of Interest refers to a tension, a conflict INSIDE a person or organization, which is different from conflicting interests
- Companies are keen on image transfer, and always on the look-out for organizations and persons. Let's just talk, no strings attached but before you know it, you are on their website
- We are now fighting on the spirit, as well as the letter of the International Code. For example, baby food companies are targeting young parents through internet, simply because the 1981 International Code text does not mention internet

Examples of success and what you can do

Successful examples of IBFAN's work on Conflict of Interest show that it simply needs an understanding of the issue and determination:

- In 2014, GIFA was asked to give an evening training to pharmacists at the University of Geneva. Upon further inspection, the training was to be sponsored by Nestle.
- When GIFA protested, and shared the IBFAN position statement on "sponsorship and conflicts of interest"

<http://www.ibfan.org/art/389-1.pdf>, the organizers cancelled the sponsorship deal and instead the event was funded by the Geneva department of health.

- Several paediatricians in India wrote a letter to the Ministry of Health in India, drawing attention to industry sponsoring medical congresses in five star hotels. Together with the paediatricians, the Government of India, basing itself on strong national legislation, intervened
- In Georgia, the 2015 conference of the Georgian Paediatric Society was no longer funded by the baby food industry, thanks to the intervention and arguments provided by a member and paediatrician from IBFAN Georgia. Of course the IBFAN contact predicted a new battle for the following year as the pharmaceutical industry was happy to fill the holes that the babyfood industry left!

As the examples show, IBFAN works closely with paediatricians; in some countries paediatricians lead IBFAN groups. Paediatricians can engage in the following ways:

- Get in touch with their regional IBFAN office, and link up with local IBFAN groups
- Do an online training and monitor the Code in your area
- Check if your national association has a policy on Col, write to it and recommend the ISSOP policy
- Organize a lunch meeting with your colleagues to discuss the issue
- Organize a session on the Code to sensitize other health professionals on their responsibilities and risks of conflicts of interest
- If you are invited to speak: check who is sponsoring and raise the issue
- Complain about Code violations, they will listen to medical professionals

Gisela Dutting and Rebecca Norton
GIFA International Liaison Bureau of IBFAN
www.ibfan.org
www.gifa.org



2.3. Impact of Austerity Measures on Families with Disabled Children: Survey of the British Association for Community Child Health (BACCH) and British Academy of Childhood Disability (BACD) members and Child Development Team leads November 2014 and January 2015

In response to a survey undertaken by Contact a Family entitled *Counting the Cost* which showed a sharp rise in families with disabled children going without the basics such as food, heating and days out as a family since last researched in 2012, BACCH and BACD, speciality groups within the Royal College of Paediatrics and Child Health, undertook a survey of members to gain a professional perspective on the impact of austerity on the children attending their services.

The new information that the **BACCH** and **BACD** survey brings is that almost 80% of those who completed the survey reported cuts to services for disabled children and their families and over 80% of paediatricians are being asked to write letters of advocacy, mostly about housing and the impact of the bedroom tax, also about downgrading in level of Disability Living Allowance awarded and for a range of other issues, including seeking charitable funding for equipment or services that were previously provided by statutory services.

The **BACD** and **BACCH** very strongly urge everyone who has any influence to:

- **STOP** the cuts to services for disabled children and young people
- **MANDATE** prospective data capture at the point of clinical care, using the terminologies set agreed and build into the Children and Young People's Secondary Uses Dataset. This will allow the multi-faceted needs of disabled children and young people in our population to be clearly articulated and visible. Knowledge of population needs can inform intelligent planning across agencies for evidence-based services to best meet their needs
- **REINVEST** and **REBUILD** competent, interagency teams to prevent disabling conditions where possible and where it is not, to identify them early so that appropriate management and support can be put in place, informing and engaging with families. Teams need sufficient capacity to meet the increasingly complex needs of all disabled children and young people equally, giving them the best chance of achieving the best possible outcomes in health, wellbeing and life opportunities that matter most to them.

The survey made it into the media and Karen Horridge, BACD chair, was interviewed by the BBC. This is an example of the members of a clinical specialist group combining to record the impact on their patient group of government policy decisions. The survey not only records the situation but provides ammunition for further advocacy on behalf of disabled children.

<http://www.bacdis.org.uk/policy/documents/ImpactofAusterityMeasuresonfamilieswithDisabledChildren16Jan2015.pdf>



2.4 International Seminar: Rights-based approach in the health care of children and adolescents. Santiago, Chile, November 5-6.



Institutions and organizations that are thinking about childhood and adolescence, discuss the challenges and debts around the rights of children and adolescents and their care in the health system

3. International Organisations

3.1. The International Society for the Prevention of Child Abuse and Neglect

Founded in 1977, the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) is the only multidisciplinary international non-profit organization that brings together a worldwide cross-section of committed professionals to work toward the prevention and treatment of child abuse, neglect and exploitation globally. ISPCAN's mission is to prevent cruelty to children in every nation, in every form: physical abuse, sexual abuse, neglect, street children, child fatalities, child prostitution, children of war, emotional abuse and child labour. ISPCAN is committed to increasing public awareness of all forms of violence against children, developing activities to prevent such violence, and promoting the rights of children in all regions of the world.

ISPCAN organizes international and regional meetings, the next one being the **10th ISPCAN Asia Pacific Regional Conference** in Kuala Lumpur from 25-28 October 2015.

In 2016, ISPCAN together with ANPPCAN (African Network for Protection and Prevention of Child Abuse and Neglect) will host an international Conference on Children and Armed Conflict. The Conference will be held in Nairobi, Kenya on 7-10 February 2016. The dead line for abstracts has been extended and it is hoped to include papers and debate addressing the current crisis within Europe. Details are on the website of both organisations. [*This conference was also publicized in the ISSOP e-bulletin in July*]

ISPCAN has an extensive collection of resources and training material accessed from its website www.ispcan.org. Every two years it publishes World Perspectives on Child Abuse which conveys a unique view of the state of child maltreatment policy and practice. ISPCAN's training programme is extensive. Child Rights is an essential stream throughout its work. The current President is from South Africa and the President-elect from Lebanon. There would seem to be considerable scope for collaboration between ISSOP and ISPCAN, notably in the prevention of violence against children. [*NB. Also see ISPCAN statement on refugee children in 4.2 below*]

TW



4. Current controversy

4.1 Ten things you won't believe about kids in the UK

The following piece of advocacy was written by three members of the ISSOP trainee group and published on the forum Buzzfeed, it is available at <http://www.buzzfeed.com/cmckenna/10-things-you-wont-believe-about-kids-in-the-uk-1sy3b>

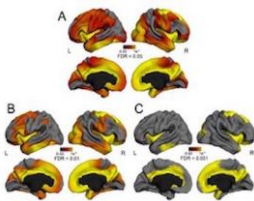
It puts in a very clear and simple (and beautifully illustrated!) way the impact of social factors on children. The aim is to reach a far wider section of the general public than we are normally able to do. This seems to be a potentially highly effective form of advocacy which could be applied to a number of other issues which we are concerned about. This piece is UK related but similar data could be mined for most countries. Please write in with your comments and tell us whether something like this is possible where you live and work.



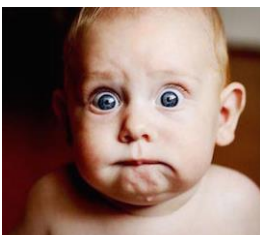
1. **1 in 3 children in the UK are living in poverty. The majority of these children have at least one parent who is working.** The government recently **abandoned its commitment to end child poverty by 2020.** At the same time this report stated levels of child poverty were unacceptably high and expected to increase. This petition (petition.parliament.uk/petitions/106072) has been started to ask the government to stick to the target of eradicating poverty by 2020. *CR King / Via jersey moms blog.com*



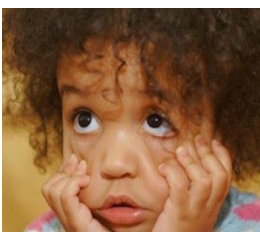
2. Poverty in the UK **disproportionately affects children. Households which contain children are more likely to be poor** than those which do not (33% v. 22%). *EINAH PETS NELEB.BLOGSPOT.COM / Via polyvore.com*



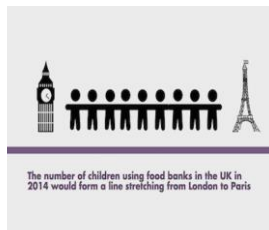
3. Growing up in poverty **affects you for the rest of your life.** Children who grow up in poverty are more likely to develop heart disease, cancer, diabetes and mental illness in adulthood. **Even brain development is affected.** *nature.com*



4. Baby boys born in the poorest areas of the UK **will live 9 years less** than those born in the richest parts. They will also have 20 years less of 'good health'; **this puts them on par with baby boys born in Botswana, Gambia and Guyana.** *Via thelatebreak.com*



5. The UK has **one of the worst child mortality rates in Europe. Every day 5 more children die in the UK** compared to the best performing country, Sweden. *Via naturalhairgrows.com*



6. Between March 2014 & March 2015 397,000 children in the UK needed food banks. This was 3 times more than the previous year. If all these children stood in a line holding hands it would stretch from London to Paris. *Singh G*



7. The UK has one of the lowest rates of social mobility in Europe. The future of earnings of children born in the UK are more likely to reflect their fathers' than in any other OECD country.
Via savingdownsyndrome.org



8. The UK ranks only 16th out of 29 developed countries for overall child-wellbeing.
Singh G



9. The number of children who are homeless or living in temporary accommodation has increased by 25% over the past 3 years. In some London boroughs the figure is as high as one in 10.
asouthernkindoflove.tumblr.com / Via pinterest.com



10. The UK spends more on nuclear weapons than it does on families with children. £100 billion, the cost of maintaining Trident (Britain's nuclear weapons programme), would be enough to lift every child in the UK out of poverty. *Via commentsmeme.com*



4.2 14th ISPCAN European Regional Conference statement on refugee children and children on the move:

A call for action to all Conference Delegates, ISPCAN members and partners.

ISPCAN (the International Society for Prevention of Child Abuse and Neglect) met between 27th and 30th September in Bucharest, Romania and held a discussion on children displaced by war, violence and discrimination. Our **ISSOP** colleague Professor Margaret Lynch was one of those who drafted the following position statement which is equally important for ISSOP members.

1. Activities of all professionals and organisations working with children in these circumstances must apply the principles of Best Interests identified in the Convention on the Rights of the Child (Article3). Further, the rights laid down in the CRC should be upheld regardless of the child's immigration status. This applies to all children up to the age of 18 years.
 2. The civil society response in many parts of Europe has been encouraging and welcome. This must not, however, substitute for the humanitarian duties of the EU and all States to respond within the framework of the CRC.
 3. All those working with children and youth should listen to and respect the voices of children and of families with children. They should safeguard their rights to be heard and to participate in decisions that concern them.
 4. Where children and youth are in a country of transit, their basic needs for protection, shelter, nutrition, health care, appropriate clothing, religious life, education and play must be met.
 5. Children and youth reaching destination countries should be supported to integrate into and be provided with mainstream services as well as the regular education system in a non-discriminatory and culturally sensitive way. At the same time they should be assessed for and provided with any necessary additional support.
 6. Children should not be separated from their families as long as this is consistent with their best interests. Existing relationships, including those between youth who have strong bonds through shared experiences, should be respected.
 7. Organisations (including governmental) should be encouraged to release professionals to work with these populations as would occur following a natural disaster.
 8. All countries must ensure that actions conform to safeguarding standards including complaints mechanisms and effective staff monitoring. There must be an acute awareness that children and youth in these situations can become targets of sexual and other exploitation.
 9. Front line professionals and volunteers who are working in exceptionally harsh conditions will require support to prevent burn out and collapse of services.
- ISPCAN, FONPC and conference delegates urge all governments to address the root causes of the problem and to join forces with people advocating for effective actions to stop war and civil conflicts, genocides and oppressive regimes that violate fundamental human and children's rights



5. CHIFA report

The exciting news to report is that a grant of £5,500 has been won from the International Child Health Group www.ichg.org to develop the capacity of CHIFA. The three outputs expected as a result of the grant are –

1. CHIFA organisational and financial support base is re-structured and expanded
2. Additional human resource to support diversified CHIFA roles
3. A suite of training and promotional tools to support added capacity and delegation of key CHIFA functions

A similar route was taken with HIFA in the past and was successful in growing its membership. The development of a Spanish language version of CHIFA continues and PAHO are actively assisting in this task, together with Raul Mercer.

6. ISSOP trainee group

Dear Friends,

The ISSOP 'trainee group' was formed earlier this year, and includes undergraduate and postgraduate students, trainees and apprentices of any health related profession or area of work which considers itself to have a moral or ethical social responsibility to children; and individuals who would like to develop their interests and understanding of issues relating to child health advocacy, child rights and the social determinants of child health.

We currently have colleagues from the UK, the Netherlands, Switzerland, USA and Australia, and we would very much like to make contact with trainee colleagues from all countries and regions of the world.

We have a number of areas of activity, described below. If you are interested in being more involved, please get in contact via my email (below) or on the ISSOP Facebook page (**search for 'ISSOP international Society of Social Paediatrics and Child Health'**).

Current activities:

Migration

The topic of migration is currently in the forefront of the public mind, due to the media depictions of sheer numbers of people making the perilous journey to Europe from their home regions by any means possible. We remember the photograph of 3 year old Aylan Kardi who drowned with his mother and 5 year old brother, trying to flee from Syria on an overcrowded boat in an attempt to escape from violence and persecution. Unfortunately Aylan and his brother are by no means the only children to have suffered or succumbed in this way.

The ISSOP working group on migration will soon work on development of:

- ISSOP position statement on migration
- ISSOP position statement on age assessment/ needs assessment of migrant children.



These position statements will then be used for advocacy and best practice guidance in a number of settings.

Conflict of Interest

There is a lot of activity around the conflict of interest that occurs when the babyfood industry sponsors medical events. A 'Conflict of Interest' is a situation in which a person or organisation is involved in multiple interests (financial, emotional or otherwise), which could possibly corrupt the motivation of the individual or organisation, or have a negative impact on the outcome. The evidence shows that when medical training, education or conferences are sponsored by babyfood companies, there is a negative impact on child health outcomes, even when the doctors themselves do not consider themselves to promote such products.

Our current aim is to engage medical professionals around the world, the various national paediatric associations, international organisations and the public (re-) evaluating their view in regards to this issue, and ultimately to support formulation of agreements/legislation regarding sponsorship of medical events which will positively influence child health outcomes.

- Simple information guide regarding evidence and ethics relating to COI
- Development of training package on COI
- Survey of websites of National Pediatric Societies for information related to the Code and to Conflict of Interest

The Sustainable Development Goals

The Sustainable Development Goals are the seventeen aims/targets developed as an outcome of the United Nations Conference on Sustainable Development, and which supercede the previous 'Millennium Development Goals'. They are a universal set of goals, targets and indicators that UN member states will be expected to use to frame their agendas and political policies over the next 15 years.

- A simple guide to the SDGs: What do the SDG's mean to the 'everyday' paediatrician?

Physical Activity in Children

How active travel enhances educational attainment in school children: an evidence review is forming the basis for health promotion activity on this topic – under development

UK Parliamentary petition to reinstate the Child Poverty Act

The UK Government has announced they will repeal the Child Poverty Act (2010) which outlined a legal commitment to reducing child poverty by 2020. This was in the context of a report which said levels of child poverty were unacceptably high and expected to rise. 1 in 3 UK children live in poverty.

<http://www.bmj.com/content/351/bmj.h3959.full>

<http://www.childrenscommissioner.gov.uk/sites/default/files/publications/Report%20to%20the%20UNCRC.pdf>



The UK trainee colleagues have created a Parliamentary petition asking the government to reinstate their legal commitment to eradicate child poverty by 2020 as per the Child Poverty Act – at 10,000 signatures, the government will respond to this petition and once there are 100,000 signatories the issue to be discussed in UK Parliament!

Links to some articles produced by UK based trainee colleagues:

-Popular media article regarding inequalities in the UK: making the evidence base more accessible to a wider audience

<http://www.buzzfeed.com/cmckenna/10-things-you-wont-believe-about-kids-in-the-uk-1sy3b>

-Blogs highlighting concern regarding UK government policies - published on British Paediatric Association (RCPCH) website/ BMJ (British Medical Journal) online/ national press

<http://www.rcpch.ac.uk/news/blog-inequalities-child-health-and-budget>

<http://www.bmj.com/content/351/bmj.h3643/rr>

-Blog produced prior to the UK general election reviewing the proposed policies of the different political parties with a child health outcomes perspective:

<http://blogs.bmj.com/bmj/2015/05/01/what-are-the-political-parties-offering-our-children-in-2015/>

Please forward this information to your trainee colleagues and encourage them to make contact with us!

Rosie Kyeremateng and Caoimhe Mckenna Dr.rosina@doctors.org.uk

7. Memories of Tom Tonniges 1949-2015



Tom Tonniges who died after a debilitating illness on 6th October, was a leader of community and social paediatrics in the US and a friend of many ISSOP members. After working for many years as a local paediatrician in Nebraska he was appointed as Director of Community Pediatrics at the American Academy of Pediatrics in Chicago in 1995; the department expanded hugely under his leadership. I met him in 1998 during a sabbatical in the US when I spent a week at the AAP under his wing. I was hugely impressed by the work of the department, in particular the CATCH programme – Community Access to Child Health. This is essentially an advocacy programme which provides grants of up to \$10,000 to paediatricians to carry out community-based initiatives.

Every country could use a programme like this. Tom's commitment to this programme was huge and his ability to raise funds was legendary.

The following year, Tom visited British paediatrics for a return sabbatical and it was during this time that Tony Blair made his call for an end to child poverty within a generation. Tom was greatly impressed by this (as were we all) and suggested a collaboration between the AAP and the RCPCH to take forward this call in paediatrics. Together we set up the Equity Project with a



team of US and UK paediatricians – many of them ISSOP members. Jeff Goldhagen was a key US colleague from the beginning and was with us in Geneva last month. A joint meeting was held in the UK in 2000, the proceedings of which were published in *Pediatrics – Toward Equity in Health: A Joint Meeting of the Royal College of Paediatrics and Child Health and the American Academy of Pediatrics September 2003 Pediatrics 2003; 112 (Supplement)* see http://pediatrics.aappublications.org/content/112/Supplement_3.toc

The following is a quote from the Forward to this supplement by Sir David Hall (President of the RCPCH) and Tom Tonniges: ‘There is a direct relationship between poverty and ill health in childhood in the United Kingdom and in the United States,

- Partnerships among families, health care professionals, and communities will play an increasingly important role in our response to these social determinants of health,
- Paediatricians need to be more active in communities and educational systems,
- Paediatricians need to learn how to interact with policy and lawmakers,
- Equity and advocacy need to be put on the pediatric training agenda and institutionalized in the core structure of curricula and the assessment of curricula and student competencies’

The focus of the Equity project was clinical work, teaching, advocacy around the UN Convention on the Rights of the Child, and research and further joint meetings were held in the US. Those of us in the project were inspired to continue these themes and Nick Spencer lead on the research aspects. I think that both UK and US paediatricians did change their practices as a result and the recent emphasis of the RCPCH on inequalities in child health is one outcome. Tom left the AAP after ten years and moved to the Boys Town in Nebraska –a ‘haven of support and safety for at-risk children and their families.’ When I last met him in London a couple of years ago he was unable to speak owing to ALS but retained his enthusiasm and passion for meeting the health needs of children in all settings. Tom represented the best in US paediatricians and I hope that ISSOP can follow his example and continue to work with the American Academy, which leads the way in the field of national advocacy and the teaching of community paediatricians.

Tony Waterston
