ISSOP e-Bulletin
No 4. May 2013

CONTENTS

1. Introduction

This is the fourth ISSOP e-bulletin and comes with a reminder of the ISSOP annual meeting which will be held during the International Pediatric Association meeting in Melbourne from 24-29 August, see http://www2.kenes.com/IPA/Pages/home.aspx this will be a great opportunity to network with paediatricians from all over the world. The draft programme is given below.

This month we focus on the eradication of polio, corporal punishment, and the recent controversy over the collaboration between Save the Children and the pharmaceutical company GSK. Do please write with your views on this. To mark the IPA meeting we feature the Association in our regular update on International Organisations. Please send notes on any organisation you would like to feature in a future issue, to the editor tony.waterston@ncl.ac.uk

Tony Waterston

1.1 ISSOP at Melbourne

ISSOP meeting as part of the International Congress of Pediatrics, Melbourne, Australia, 24th-29th August, 2013

This year ISSOP is holding its annual meeting in Melbourne as part of the ICP 2013. ISSOP is joining with the **Community Child Health Chapter of the Royal Australian College of Physicians** to organise a series of sessions embedded in the ICP. In discussion with the Community Chapter, we have identified childhood disability as the theme of our sessions which are as follows:

Monday, 26th

11.00-12.30 Symposium: Optimizing the environment for a child with a disability

Care of disabled children – the need for a Child Public Health approach. Lennart Köhler, Sweden

Supporting families, improving social circumstances. Nick Spencer, UK

Promoting participation. Allan Colver, UK

15.30-17.00 Keynote Lectures: Children with Disabilities - A Global Perspective

A Conceptual Framework for Disability – Gloria Krahn, USA

Disability - A World Report – Pauline Kleinitz, WHO – Philippines

17.00-18.30 ISSOP/CCHC Workshop: Protecting disabled children from abuse

Tuesday 27th

17.00-18.30 ISSOP/CCHC Workshop: Equity in child health care – the role of paediatricians

Wednesday 28th
11.00-12.30 Symposium: Children with disabilities – making health systems work better for them
A Parent's Perspective – Maria Heaton, Australia
Managing disabilities: Screening and managing in low resource settings – Nalia Khan, Bangladesh
Australian services – time to join the dots – Katrina Williams, Australia
Other events:
ISSOP/CCHC dinner – Sunday evening
ISSOP AGM – Wednesday pm (not yet finalised)

2. Recent meetings and news

2.1 Declaration on Polio Eradication

ISSOP joined hundreds of scientists, doctors and technical experts from around the world to launch the Scientific Declaration on Polio Eradication on 11 April 2013. Today, the world is closer than ever to eradicating polio, with just 223 cases in five countries last year. To capitalize on this time-limited opportunity to finally end the disease, a wide range of experts have signed the declaration to emphasize the achievability of polio eradication and endorse the Eradication and Endgame Strategic Plan, a new strategy by the Global Polio Eradication Initiative (GPEI) to reach the end of polio by 2018. The scientists and experts signing the declaration come from more than 75 countries and include Nobel laureates, vaccine and infectious disease experts, public health school deans, paediatricians and other health authorities. For additional information about the Scientific Declaration or to view a full list of signatories, please visit the Emory Vaccine Center Website.

2.2 UN Conference on Non proliferation Treaty (NPT)

For something different, this report is on nuclear weapons and in the particular the UN NPT conference recently held in Geneva. Nuclear weapons are a major threat to health and to children particularly since they are highly vulnerable to radiation. The doctors' campaign to rid the world of nuclear weapons www.ippnw.org won the Nobel Peace prize in 1985.

Yet, nuclear weapons are an ever present risk and threat and the situation has little changed over the years since 1985, despite numerous disarmament treaties. More countries are competing to become nuclear weapon states and those already in the nuclear camp show no sign of giving them up. So the UN conference is something to watch closely, and I was lucky enough to be there earlier this month. You can read my blog in the BMJ which opens with these words

See
http://blogs.bmj.com/bmj/2013/05/10/tony-waterston-why-cant-we-stop-nuclear-weapons/

'Doctors first started to speak out about the health impact of nuclear weapons way back in 1980; the BMA published *The Medical Effects of Nuclear weapons in 1983* and it was in 1985 that International Physicians for the Prevention of Nuclear War (IPPNW) was awarded the Nobel Peace Prize for its work in publicizing what nuclear weapons do to people. Now here we are 30 years later with more countries possessing these "aweful" weapons than ever before – nine at least, including Israel, and several more on the want-to-be list.'

The conference is attempting to prevent nuclear weapons development in the middle east through the formation of a Middle East weapons of mass destruction free zone, and this was the subject of my closing words –

'Is this a health issue? Surely, since nuclear war is the worse health calamity to hit the world and could easily happen. Do doctors have a part to play? Surely, in highlighting the need for prevention and also the huge benefits to population health if Middle East states work together on energy resources, climate change, food and water and refugees. This kind of cooperation surely confers a much higher degree of security than any number of nuclear weapons.'

Tony Waterston

2.3 Campaigning on Corporal Punishment

In the UK, we do not have a law to protect children from violence by their parents in the form of smacking, despite much campaigning by many professional organisations including the Royal College of Paediatrics and Child Health, which has issued a position statement http://www.rcpch.ac.uk/child-health/standards-care/position-statements/position-statements and is a member of the Children are Unbeatable Alliance (CUA) http://www.childrenareunbeatable.org.uk

This is disappointing as 33 states (18 of them in Europe) have now signed up to a complete ban on corporal punishment in the home
http://www.endcorporalpunishment.org/pages/pdfs/GlobalProgress.pdf
Why have we failed in this way in the UK? Probably because of the historic acceptance of violence in the home, and the persistent opposition of the tabloid press and the Conservative Party (and some sections of the Labour Party) to legislation, perhaps fearing the description of 'Nanny state'.

However there are now some signs of movement, partly because of the democracies developing in Scotland and Wales which are often more progressive in England. Now there is a chance of Wales instituting a ban and this has lead to a renewed push for action from professional organisations, lead by CUA. This approach might be considered by other countries which are in the same situation, and paediatricians are in a good position to lead in advocacy on child punishment. Why? Because we see the results of corporal punishment in the form of child abuse, we are familiar with child development and can analyse the evidence against smacking, we have a reputation as a reliable source of information, and we are trusted by parents.

The new statement is introduced in the following words:
This statement is issued jointly by these bodies to promote the health-based arguments for prohibiting and eliminating all forms of physical punishment, with particular reference to research evidence relating to child protection, child development (including its efficacy as a form of discipline and its strong associations with aggressive and anti-social behaviour) as well as to domestic violence and mental health in adult life.

The statement covers rights and ethics, the research evidence on the effects of physical punishment, the links between smacking and child abuse, the association with violence and aggression in older children, and the effects on mental health.

The statement (which is still in draft form) ends with the following words:
We believe, on the basis of available evidence, that legal reform to ban all forms of physical punishment will contribute to children's health and development, will improve child protection and family relationships and is likely to reduce levels of violence and antisocial behaviour in society generally. We therefore urge the government to take action without delay.

Currently a group is seeking support for the statement from UK health organisations including the RCPCH and this will happen over the next few months, after which it will be taken to Parliament and will form the basis of a sustained campaign. An alliance with other countries in a similar position would be welcome.
T.W.

3. International organisations

3.1 This month to mark the International Congress of Pediatrics which will be held in Melbourne with the ISSOP annual meeting in August, we feature the International Pediatric Association, IPA http://www.ipa-world.org/index.php

IPA Vision

Every child will be accorded the right to the highest attainable standard of health, and the opportunity to grow, develop, and fulfill to his or her human potential.

IPA Mission

Pediatricians, working with other partners, will be leaders in promoting physical, mental, and social health for all children, and in realizing the highest standards of health for newborns, children, and adolescents in all countries of the world.

The Values of IPA include

Advocacy

Pediatricians will promote health for all children from birth through adolescence, and will advocate for the right of every newborn, child, and adolescent to health and well being.

However, the values of the IPA do not refer to the UN Convention on the Rights of the Child, nor can I find mention of Child Rights on their website. Perhaps this is something to bring up in Melbourne.

The IPA holds a congress every three years. A major focus of its work is on the country wide application of the Millennium Development Goals, see
http://www.ipa-world.org/uploadedbyfck/IPA_brochure(1).pdf

4. Current Controversy

Save the Children and Glaxo Smith Klein – vital progress or supping with the devil?

A recent discussion on CHILD2015 about the prospective collaboration between the international non-governmental organisation Save the Children and the global pharmaceutical company Glaxo Smith Klein highlighted the potential advantages of this collaboration but also some of the pitfalls.

I have copied some of the contributions below, together with the posting from Simon Wright of Save the Children, and have invited his further comments which will be published in the next issue. Further correspondence from ISSOP members is welcome.

T.W.

9th May 2013

Save the Children and GSK have formed an ambitious and innovative partnership which aims to help save the lives of one million children. By combining our expertise, resources and influence we will transform child health in some of the world's poorest countries. Our partnership will focus on increasing access to health workers, medicines, vaccines, and better nutrition for the hardest to reach children, and those whose need is greatest.

Creating global change

Beginning with programmes in Kenya and the Democratic Republic of Congo, we plan to develop flagship programmes to tackle child mortality and to establish models which can be adopted, scaled up and replicated in other developing countries. Together, we'll also use our influence with global powers to call for improved policy and practice, and increased international investment in children's health.

Bringing vital treatments within reach

As part of the partnership, GSK will accelerate the development of life-saving new medicines designed especially for children. For example, the antiseptic chlorhexidine - commonly used in mouthwash - will be reformulated into a gel for cleansing the umbilical cord stump of newborn babies, with the potential to prevent thousands of deaths from infection during the first few weeks of life.

Save the Children and GSK will also work together to research and develop further medicines and treatments that can be adapted to tackle the causes of child mortality. By combining our on-the-ground experience with GSK's commercial expertise, we'll look for ways to decrease costs and improve distribution so that these lifesaving medicines are made available to children in the most remote and hard-to-reach communities.

Investing in vaccinations, nutrition and health workers

We will also work together, and in partnership with others, to:

- widen vaccination coverage for the poorest children, for example through greater use of mobile technology solutions
- research a new low-cost product to combat malnutrition - the underlying cause of one in three children's deaths before the age of five
- increase investment in health workers in the world's poorest communities.

This work will build on GSK's existing commitment to reinvest 20% of profits in the least developed countries back in to strengthening local healthcare infrastructure.

GSK's global workforce is united in behind this inspiring cause, aiming to raise £1 million a year, which will be matched by GSK. Through this and other charitable donations to Save the Children, GSK has committed to donate at least £15 million over the course of the next five years.

Justin Forsyth, Chief Executive of Save the Children said:

"This ground-breaking partnership involves both organisations working in genuinely new ways to save the lives of a million children. In the past, Save the Children may not have embarked on collaboration with a pharmaceutical company like GSK. But we believe we can make huge gains for children if we harness the power of GSK's innovation, research and global reach."

Sir Andrew Witty, CEO of GSK said:

"A partnership of this scale gives us an opportunity to do something amazing - to save the lives of one million children, and to transform the lives of millions more. At GSK we are motivated by developing innovative life-saving medicines and getting them to the people that need them. By joining forces with Save the Children, we can amplify these efforts to create a new momentum for change and stop children dying from preventable diseases. I

hope this partnership inspires GSK employees and sets a new standard for how companies and NGOs can work together towards a shared goal."

11th May 2013 *A critique from Massimo Serventi, a doctor in Tanzania*

Dear Neil and dear colleagues, I feel the urge of 'strongly reacting' to the initiative of Save the Children and GSK: the risk is that I may use words too harsh and possibly offensive.....I better write calmly and politely.

The umbilical cord should be cut with a sterile instrument; in the villages a NEW blade (purchased by parents) is used. The operator has her hands well washed. This is what is correctly taught. Then the cord should be left uncovered, untreated, for air to dry it. In case of dust or flies around it is advisable to cover the stump with dry gauze. No spirit, no chlorexidine...and no cow or camel dung please!

Incidence of infection will decrease just observing these measures: mothers must be obviously instructed, especially to avoid application of local/traditional dirty-matters. So, no need of drugs, imported, not sustainable: need of health education, common sense, and presence of the health provider....this yes sustainable.

It is reported that GSK 'will accelerate the development of life saving new medicines designed especially for children'. One is induced to understand that 'children are nowadays dying because there are no adequate medicines for them'. So the current antibiotics that we use (amoxicilline for example) cannot cure pneumonia at the village level? are we really losing children lives because antibiotics are not effective anymore?

Are drugs not available or not enough? GSK should know that 'more than 50% of antibiotics prescribed for African children are not necessary, i.e. wasted, being the majority of infectious diseases of viral etiology, therefore needing no antibiotics but health education, common sense, presence of the health provider....this yes sustainable.

It is reported that 'GSK will research a new low-cost product to combat malnutrition'. Is it possible to know more about this 'new product'? Is it a sort of paste like Plumpynut? manufactured in France and then imported in poor countries to save 'millions of children' from malnutrition? GSK should know that this is not sustainable; it will end when the programme will end...but malnourished children will last.

The best way of addressing malnutrition is ....to prevent it. With health/nutrition education, common sense, presence of the health providers, utilising locally available food, involving both parents and village leaders on a matter (malnutrition in children) that should of the entire community concern. This is sustainable.

Neil, in my stay in CAR (Central Africa Republic) I found that diarrhea in children was 'cured' with drugs, one being levure (yeast), manufactured by Abbott and imported in CAR. The cost of it was high, poor (repeat: POOR) mothers were requested to buy it. I omit further comments....allow to me a warm exhortation to my African colleagues:

-beware of Trojan Horses....

- remember that pharmaceutical market worldwide is constantly flourishing despite the financial/economic crisis around.....

- African people are poor, they hardly have money to purchase food: to make them buy unnecessary drugs is not correct. They deserve respect. They need to rely on themselves, on the food they grow and on the common sense they have. Yes, they should have/feel the presence of their health providers who educate them....and much, much less of pills.

ISSOP e-Bulletin
No 4. May 2013

Ciao from Dodoma, Tanzania Massimo Serventi ser20@hotmail.it
A further 8 posts supported Massimo's point of view

11th May 2013
A supporting post for the collaboration from Tony Waterston

I too agree with the sentiments expressed by Massimo. However I would like to present another point of view on this, which is that the process of change MAY entail NGOs working with the corporate sector.

I have seen examples (in the field of ethical fashion) where large companies have made genuine efforts to change their practice to improve the lot of the poor and reduce the exploitation that is so common in the garment industry. Should we oppose these efforts as cynical moves to gain a new market, or encourage them as one of the ways forward?

Most of the pharmaceutical industry is profiteering and exploitative, and many drug companies still bribe doctors to prescribe drugs that patients don't need. How is this situation to be changed? Firstly, by regulating medical practice much more closely, and publicising secret payments to doctors as is now happening in the UK. Secondly, by pushing drug companies into more ethical behaviour. We do after all, need drugs for some conditions and hence a relationship with the companies will always be required.

I think there is some evidence that GSK has been moving in the right direction - for example see BMJ 18th Feb 2009 http://www.bmj.com/content/338/bmj.b686?sso=

'GlaxoSmithKline, the United Kingdom based pharmaceutical group, has unveiled a series of policies to boost access to its drugs in poorer and richer countries alike (www.gsk.com/media/Witty-Harvard-Speech-Summary.pdf).

In a speech at Harvard Medical School last week, Andrew Witty laid out his approach for the first time since taking over as the company's chief executive last spring, saying: "Society expects us to do more . . . To be frank, I agree. We have the capacity to do more and we can do more."'

I agree that any collaborative activity should be examined closely for its overall benefits to children, and I shall invite a response to Massimo's comments from the chief executive of Save the Children.

Tony Waterston

Further support for the collaboration came from Professor Tim Eden, a child cancer specialist

ISSOP e-Bulletin
No 4. May 2013

13th May 2013
Save the Children give their comments

Dear colleagues

I appreciate the discussion that is going on and am glad that many are taking this seriously. I wanted to say that your comments are being read in Save the Children and will help us develop the partnership with GSK.

The questions that are raised by Massimo and others about the overmedicalisation of health are very valid. We all need to be vigilant that short-term pharmaceutical solutions are not imposed above the more difficult long-term solutions. Rotavirus vaccine is effective but better nutrition would enable children to cope with a bout of rotavirus. Overuse and inappropriate use of antibiotics will remove these valuable tools if it is not confronted. Introduction of yet more vaccines into national EPI schedules without improving immunisation infrastructure and coverage is poor prioritising.

The partnership with GSK is not just about medicines, although the media coverage emphasised this side. It is aiming to improve health coverage for the poorest communities. We will do this by the programmes we will do in countries like DRC, but also through advocating for good government and donor policies on and investment in health worker access, immunisation and nutrition. Save the Children is very clear that, to benefit the poorest, health services need be better supported and more equitable, including through medicines free at the point of use through public health systems, not paid for by individual families. Our discussions with GSK are primarily about how governments can ensure access for the poorest. Of course GSK is a pharmaceutical company and has a profit motive. But it has also travelled a long way, even since its CEO Andrew Witty made this speech in 2009 <http://www.hcp.med.harvard.edu/files/Big%20pharma%20as%20a%20catalyst%20for%20change_EMBARGOED%20until%2013_02_09%2014%2000%20EST.pdf> .

It aims to improve access in countries and is restructuring its business model, sharing technology, abandoning profit targets for staff working on Least Developed Countries, expecting much lower and long-term returns for its R&D. This dialogue with Save the Children is explicitly intended to look at how they can go further and increase access to medicines, including our role on a new R&D advisory board.

I should say that there is robust published evidence for the role that chlorhexidine can play in reducing newborn mortality - summary of the evidence <http://www.healthynewbornnetwork.org/sites/default/files/resources/CHX%20Bibliography_Oct2012_0.pdf> is here.

Also the reformulation that GSK is committing to explore for both chlorhexidine and amoxycllin would not lead to any patentable products and would provide technology for others to use, including generic manufacturers, in order to improve access to these medicines. I hope that we can keep this group aware of developments and feel free to keep us informed of your view and what priorities you think we should follow.

Best wishes, **Simon Wright – Head of Child Survival, Save the Children**

The cynics believe that pharmaceutical companies won't change and will always pursue only the profit motive.

The pragmatists believe that every avenue should be pursued to bring good health to children and that even multinationals can be motivated by altruistic ideals.

Simon's further comments on the food product issue are awaited, and we shall continue this theme in the next e-bulletin.

TW.

5. CHILD2015 report

I would like to see this marvellous forum being used more to build lasting relationships around the core themes of ISSOP, specifically on child rights and social determinants of health and the role of paediatricians in tackling social concerns. This has happened already to a limited extent, the main example being Nick Spencer's planned research on social determinants which will be reported in the next issue. Can we build alliances around training in child rights for example? This will require us to communicate with others on CHILD2015 around this specific topic. Perhaps the next webinar to be held on 27th June, time to be notified, will assist: the topic is to be children and young people's participation in health care.

I would also appreciate suggestions for topics for webinars and offers to assist (don't worry you would have lots of help!)

T.W.

6. Recent publications and Links

6.1 Working for Health Equity

Working for Health Equity: The Role of Health Professionals **published by UCL Institute of Health Equity, 2013**

Those in the health sector regularly bear witness to, and must deal with, the effects of the social determinants of health on people. This report demonstrates that the health care system and those working within it have an important and often under-utilised role in reducing health inequalities through action on the social determinants of health. The health workforce are well placed to initiate and develop services that take into account, and attempt to improve, the wider social context for patients and staff.

The report, as well as laying out general principles for health professionals in contributing to health equity, brings together statements for action on health inequalities from a range of UK health care professional bodies including the UK Royal College of Paediatrics and Child Health (RCPCH). The RCPCH statement for action identifies 3 action areas for paediatricians:

1. Improving their own awareness of the issue
2. Working to create public awareness and knowledgeable patients in regards to health inequalities
3. Promoting changes within both the health profession and the government

This report, in particular the RCPCH statement for action, should be of interest to ISSOP members and help promote action by paediatricians in different countries to address child health inequalities.

Nick Spencer 1.05.2013

http://www.instituteofhealthequity.org/projects/working-for-health-equity-the-role-of-health-professionals

Sala de lectura (reading room) México. Raúl Mercer

6.2 Where there is no Child Psychiatrist

This new publication from the Royal College of Psychiatrists in UK aims to help health workers in areas where skilled mental health support for children is lacking – probably the majority of the world, and true also in many middle and high income countries as well as low income.

How does it match the classic 'Where there is no Doctor'?

Having just reviewed it for the Journal of Tropical Pediatrics*, I am extracting some pieces here – overall the book is highly recommended.

"… features of Where there is no Doctor that make it a classic are the very simple language and the marvellous illustrations which flower every page. Here is an example of the language –

'A person with asthma has fits or attacks of difficult breathing. Listen for a hissing or wheezing sound, especially when breathing out. When he breathes in, the skin behind his collar bones and between his ribs may suck in as he tries to get air. If the person cannot get enough air, his nails and lips may turn blue, and his neck veins may swell. Usually there is no fever.'

"The language in Where there is no Child Psychiatrist is not so simple and the illustrations are considerably fewer, though excellent when they appear as many depict facial expressions – a very valuable feature in a book that describes the emotions. Here is an example of the somewhat wordier language:

'A temper tantrum is an outburst, usually occurring when a young child is frustrated and cannot get what he wants. It involves shouting, screaming, and sometimes aggressive behaviour towards the person who is not giving the child what he wants. It can last from anything from a minute or two to an hour. Sometimes the tantrum progresses to a breath-holding attack. In the worst of these, the child may actually go blue from lack of air.'

"As a paediatrician who has worked in the mental health field, I turned to specific chapters to find how much help is offered: the origins of mental health problems, the nature of communication, parenting styles, behaviour problems and ADHD, adolescent mental health and autism. In each one, the same style is followed: a case study, information about the condition, finding out more about children with the condition and helping children with the condition. The approach is simple and practical, for example under temper tantrums we have 'Always try to avoid situations that bring about disobedience or tantrums by diverting the child's attention' and 'Talk to the child calmly and explain that, no matter how long his tantrum lasts, he is not going to get what he wants.' The heading of this section is 'Temper tantrums and disobedience' and I question the use of the word disobedience here. Are not all children disobedient at some time? Perhaps 'challenging behaviour' would have been more appropriate?

"For the health worker who would like to start the journey to a fuller understanding of how to help the child whose emotions are distressed, this book is a godsend. One important message to its publishers, the Royal College of Psychiatrists: make the online copy freely available to all, as is the case with Where there is No Doctor. Only then will it be as accessible to primary health care workers as the authors wish, and children need."

Tony Waterston

* *Managing Mental Health in Children* Journal of Tropical Pediatrics 2013 59: 163-164