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1. INTRODUCTION

Welcome to the summer edition of the ISSOP e-bulletin. In UK we have experienced exceptionally fine weather and wake up daily expecting another fine warm day. I hope you have had or will have the same ! This month we have an update from Nick Spencer and Ayesha Kadir on the CHILD2015 work on social determinants, and also a review on the same subject in a WHO discussion paper. In the controversy section we have a follow up from Simon Wright on the Save the Children – Glaxo Smith Klein collaboration.

Tony Waterston

2. RECENT MEETINGS AND NEWS

2.1 Update on CHILD2015 research on social determinants
Prof Nick Spencer and Dr Ayesha Kadir have been working on a **collaborative research programme on social determinants of child health (SDH project)** following a valuable discussion on this subject on CHILD2015. They have written this update on the progress of the collaboration.

Introduction

The SDH project arose from discussion in the forum of the impact of social determinants on child health and the expressed interest of various colleagues in collecting data on SDH in their countries in order to inform advocacy for policies to reduce the impact on children and their health. Nick Spencer and Ayesha Kadir agreed to draft a project protocol which could form the basis of data collection. Draft protocols were circulated in the forum and the final revised protocol was completed in March 2013. Dr John Porter from the London School of Hygiene and Tropical Medicine agreed to join Nick and Ayesha in overseeing the project.

The protocol was based on the Bristol index of child deprivation in developing countries, which was developed for use with DHS data. This includes nutritional status, shelter, water, sanitation, access to education, access to information, access to health care, and basic social services. The clinical symptoms that sites look at are variable (Macedonia doesn't look at malaria, for example)



Summary of current activities at various sites

- **Macedonia**

Elizabeta Zisovska (Clinic for Gynecology and Obstetrics, Skopje) and Gabriela Tavcioska (Prilep General Hospital, University Children's Hospital, Skopje)

- Established a network of local partners and are collecting data in local child health settings
- Evaluating existing data

- **Nigeria**

- **Zaria (North)** – Emmanuel Ameh, Prof. Paediatric Surgery, Ahmadu Bello University

- Establishing a network of local partners
- Further work to date has been inhibited by local political violence
- Working with Public Health Dept at the University, planning to do local data collection, will integrate this project into their current work once local situation improves

- **Lagos (South)** - Bamgboye Afolabi, Health, Environment & Development Foundation

- Establishing a network of local partners

Learning to use STATA

- **Uganda/Rwanda**

Danny Gotto, ACODEV

- Has committed to the project

- Planning local data collection
- Has statistical assistance and will be evaluating existing data (Uganda DHS 2011)

South Africa

Ayesha, qualitative pilot in Western Cape; funded by Private donors working on a sustainable development project

- Data collection and validation complete and Ayesha writing up for her Masters
- Frederick Marais (Department of Health, Western Cape) has voiced interest in carrying this further within the Ministry of Health as a local partner
- Collaboration with development project and community members

Challenges for the project:

- The protocol assumed that colleagues would have access to, and some experience with, statistical analysis software packages such as SPSS and STATA. This proved not to be the case and, although some of the participating units have the software and statisticians with the skills to use it, the participants, so far, have preferred to organise local data collection
- It is encouraging that participants are keen to collect data locally; however, there are significant methodological challenges to overcome. We have advised initial qualitative studies to inform the design of local quantitative data collection.

Future work:

- We are considering a webinar series to help participants understand practical and applied aspects of the study
- We are working with each site to establish goals and deadlines to achieve those goals

Nick Spencer & Ayesha Kadir



2.2 RCPCH and Europaediatrics meeting in Glasgow:

Report by Nataliya Ustinova, Russia

6th Europaediatrics Congress took place in Glasgow on June 5th-8th 2013, jointly with the Royal College of Paediatrics and Child Health Annual (RCPCH) Conference. This Congress covered many various topics of sick children care, maybe that's why issues of social paediatrics weren't introduced so widely. Express content-analysis of the final program has not found matches with words "ISSOP" or "social pae/pediatrics".

However, special sessions which covered social paediatrics issues were held in the Europaediatrics frame. Most of them were in the fields of Child Public Health, especially issues of primary care for children were discussed. For example, keynote lectures: "Reconceptualizing health services for school children in the XXI century" (Mitch Blair) and "Child health priorities, paediatric specialties, and primary care" (Jonathan Klein). Also my point of interest was symposium of *Child Protection Special Interest Group / British Association for Community Child Health / British Association of Paediatricians in Audiology/ British Association for Adoption and Fostering* in which Safeguarding Effective Interventions for vulnerable children were discussed. Other important symposium - *Young Persons Special Interest Group / Child Public Health Interest Group* - with issues of adolescents health services, early pregnancy strategies, etc. was held at the same time with *Child Protection Group* (!) and it was impossible to visit both of them.

I'd like to add that Prof. Leyla Namazova-Baranova (Russia) was elected as the new President of EPA/UNEPSA. She is the vice-director at the Scientific Centre of Child Health, in which Russian members of ISSOP are working.



Prof. Leyla Namazova-Baranova is the new President of EPA/UNEPSA, posing together with the president of the 6th Europaediatrics, Professor Terence Stephenson (copy from EPA Newsletter / Issue 18/ July 2013)



Dr. Nataliya Ustinova, Dr. Stella Sher, Prof. Valeriy Albitskiy (some of the delegates from Social Paediatrics department of Scientific Center of Children's Health, Moscow)



3. International organisations: **IBFAN**

The International Baby Food Action Network www.ibfan.org was founded in 1979 to protect breast feeding and to promote the WHO Code of marketing of breast milk substitutes.

IBFAN consists of public interest groups working around the world to reduce infant and young child morbidity and mortality. IBFAN aims to improve the health and well-being of babies and young children, their mothers and their families through the protection, promotion and support of breastfeeding and optimal infant feeding practices. IBFAN works for universal and full implementation of the [International Code](#) and Resolutions.

IBFAN has an outstanding history of highlighting violations of the WHO code by infant formula manufacturers, especially Nestle whose practice remains much below what is expected of a major international corporation.

IBFAN is a campaigning organization and its website is a huge source of information on breast feeding issues around the world in relation to the WHO Code.

A video on IBFAN is now available on the website

<http://www.ibfan.org/all-about-ibfan.html>

T.W.

4. **C**urrent **C**ontroversy

4.1 Working with international corporations – SCF and GlaxoSmith Klein – further response from SCF

In view of the comment in the last e-bulletin on the Save the Children – GSK collaboration in relation to a new infant food, I asked Simon Wright of Save the Children for a comment on this. As a reminder, one of the proposals in the collaboration is as follows :

‘Research a new low-cost product to combat malnutrition - the underlying cause of one in three children’s deaths before the age of five’

However, it was pointed out in correspondence that the best low cost-product available is food.

I asked Simon for his perspective and this is what he wrote:

The nutrition product is hard to answer on as this is a very early idea, but it would be an everyday food, not a medicine and would be for commercial sale. If we are able to influence it in the way we want, it should be something that is used by the poorest. So an everyday food stuff but fortified rather than a RUTF [Ready to Use Therapeutic Food]. GSK believe they can play a role in developing something which could improve child nutrition and we think this is an important goal which is worth exploring.

I have asked a nutrition expert for his view on this idea and hope to publish it in the next edition. Any other views are welcome.

TW



5. CHILD 2015 Report

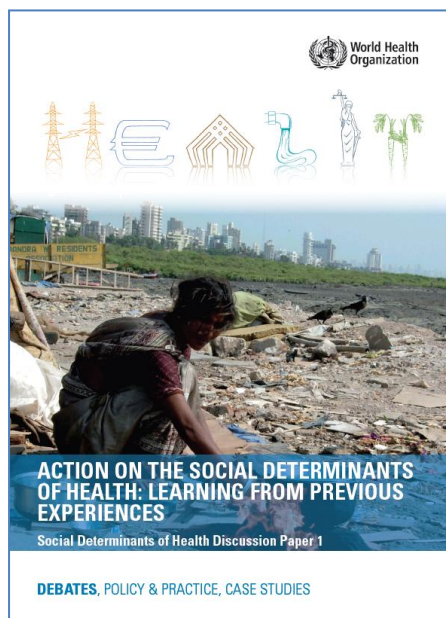
CHILD2015 continues to expand and recent valuable themes have been breastfeeding education, 3rd hand smoking, and information for children on nutrition. Do please contribute as this is a fine way of disseminating our message and vision. We are looking at ways of developing a webinar programme following the successful 3rd webinar on young people's rights and participation by Gonca Yilmaz and Ayesha Kadir. The progress of the research by Nick Spencer and Ayesha on social determinants is presented elsewhere in this e-bulletin.

We would like to expand coverage in the Middle East, Asia, Russian and South America and are initiating a system of country representatives who will disseminate publicity on CHILD2015 as widely as possible within their country, using local and national meetings for this purpose. If you are interested in becoming a country rep, let me know!

T.W.

6. RECENT PUBLICATIONS AND LINKS

6.1 WHO Discussion paper on social determinants – review by Nick Spencer WHO Discussion Paper Series: Action on the Social Determinants of Health: Learning from Previous Experiences

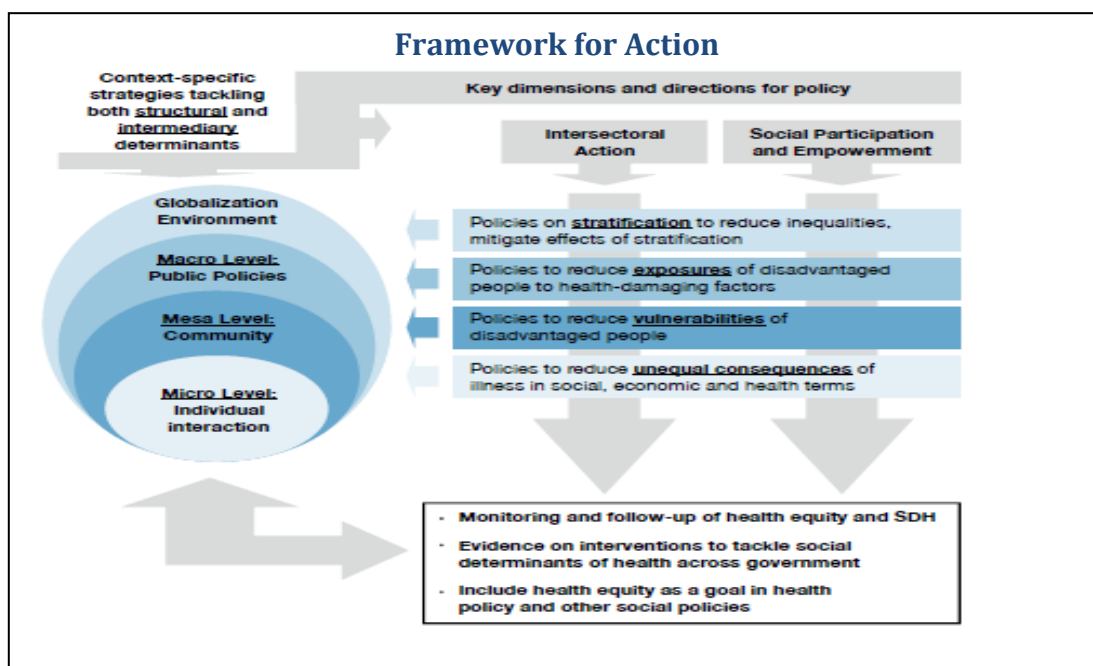
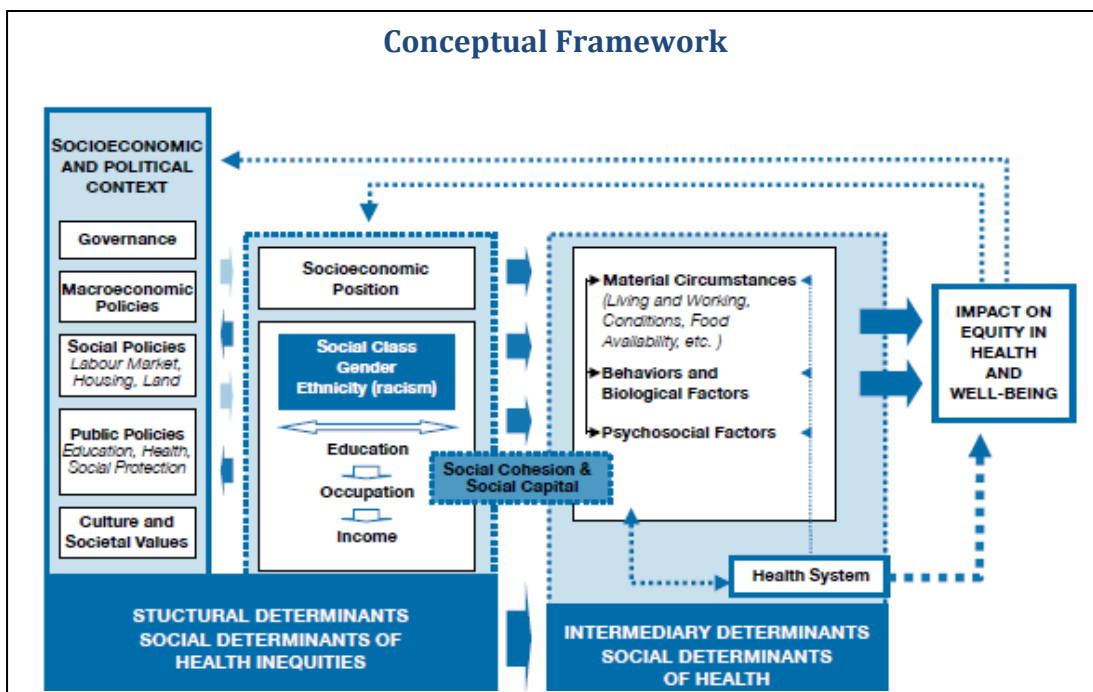


Most readers of the ISSOP e-bulletin will not need to be convinced of the importance of social determinants of health (SDH) or, as described in the second of these papers, the imperative of social justice arising from recognition of health as a social phenomenon; however, this series is valuable as a summary of the historical background to the WHO Framework on SDH and examples of current actions being taken in various countries to promote health through action on SDH. Space limitations don't allow a full review of these papers; I will draw attention only to the first 2 papers.



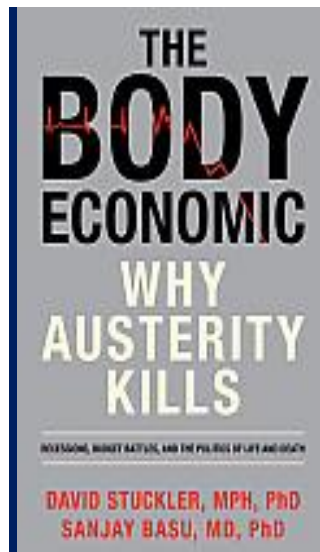
The first paper presents a detailed review of the historical background to the current WHO thinking on SDH from early recognition through Alma Ata and Ottawa to the Commission on SDH. It highlights the low resource countries, such as Rica, Sri Lanka and Cuba, which, as early as the 1970s, achieved high income country health status. It details the malign influence of neo-liberalism on health outcomes in developing countries showing how policies based on market fundamentalism damaged health particularly among children. The WHO's current initiative to address SDH is based on an attempt to learn from this history.

The second paper presents the WHO Framework for understanding and acting on SDH. I have reproduced here the Conceptual Framework and the Framework for action. Readers interested in more details can download papers 1&2 at: <http://bit.ly/14eLnIb> <http://bit.ly/ZiWe5j>





6.2 The Body Economic – Why Austerity Kills



This book is a must read for all health professionals interested in the impact of government policy on population health. The authors have marshalled an impressive body of evidence to show the impact of austerity policies during recessions on mortality and morbidity across populations. Each chapter starts with a case study illustrating the direct impact of policies on people followed by meticulously analysed data from the country concerned showing how these policies affect mortality and morbidity. They show the importance of social protection at times of recession and give examples of countries such as Sweden and Finland that have enacted policies which protect the population compared with other countries such as Greece and the UK where austerity has been imposed and social protection removed. At a time of economic recession such as we are still living through, this book is an invaluable aid to those arguing against austerity measures on the grounds of their impact on public health.

Review by Nick Spencer

6.3 Health in All Policies: Seizing opportunities, implementing policies

Ministry of Social Affairs and Health, Finland, May 2013

Edited by Kimmo Leppo, Eeva Ollila, Sebastián Peña, Matthias Wismar, Sarah Cook



Available online PDF [350p.] at: <http://bit.ly/12PEn6t>

Incorporating health into policies across sectors is often challenging and even when decisions are made, implementation may only be partial or unsustainable. 'Health in All Policies (HiAP): Seizing opportunities, implementing policies', published by the Ministry of Social Affairs and Health of Finland, identifies practical opportunities and challenges for raising health on political agendas. It stresses the importance of seizing opportunities for negotiating and implementing feasible policy solutions. The publication was a Finnish contribution to the 8th Global Conference on Health Promotion.

Contents

Part I: Introduction to HiAP, history, health equity, globalization

Part II HiAP and ECD, work, agriculture/food, tobacco and alcohol control

Part III Role of the health sector. Lessons for policy makers