ISSOP e-Bulletin
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1. Introduction

Welcome to the first e-bulletin for 2014. Another year is with us and exciting prospects open up for ISSOP with much activity across the Society. Our annual meeting in June will be in Sweden which is where ESSOP began, and we can be sure of a scientifically top class meeting in a country where children are given priority (more about this below). Plans are underway for a training course in Turkey in April 2015 on evidence-based well child care; please contact ***Gonça Yilmaz*** for more information goncay31@gmail.com . Our latest position statement on sponsorship by the Baby Feeding Industry is about to come out, and we shall be conducting a survey of the membership to find out the extent of such sponsorship across our member countries. We are looking for scenarios on child rights and ***Ayesha Kadir*** writes about this below, your assistance will be very welcome. Very best wishes for a happy and successful 2014.

Tony Waterston

2. MEETINGS AND NEWS

2.1. ISSOP in Sweden

The ISSOP annual meeting for 2014 will be held in Sweden in Goteborg from 16-18 June. This is the country where ESSOP started so the meeting will be of very high quality. Details of programme and registration will be circulated soon to all ISSOP members and will be placed on our website @ www.issop.org

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2.2. Extract from EPA Bulletin Dec 2013

[**Note**: *I have included this interview owing to the remarkable concordance between Professor Namazova's views and ours in ISSOP and recommend that we develop close relationships with the EPA over her Presidency].*

The EPA newsletter recently had an exclusive interview with the newly elected President of EPA/UNEPSA, **Professor Leyla Namazova** from the Union of Pediatricians in Russia. Here is what she responded to some questions that many would have curiously wanted to ask her if given the opportunity:

The EPA Newsletter: **First may I congratulate you on your election to the position of President for the European Paediatric Association.**
Professor Namazova: I would like to express my deepest gratitude to the General Assembly of EPA, who elected me to this prestigious position. It is both a great honour and a great responsibility.

The EPA Newsletter: **Could you tell us a little about your paediatric career?**
Professor Namazova: I qualified in 1987 and my clinical expertise is in paediatric pneumology, immunology and allergology. I am currently: Professor of Paediatrics, Deputy Director of the Scientific Center of Children's Health and Director of one of its Institutes (the Institute of Preventive Paediatrics and Rehabilitation), Moscow, Russia, Head of 2 paediatric departments in Moscow's Universities (Department of paediatrics in the Russian Medical Research University and Department of Allergy and Immunology in the 1st Moscow Medical University), Member of the Russian Academy of Medical Sciences, Vice-President of the "Union of Paediatricians of Russia" and Chairman of the Russian "Public Academy of Paediatrics" .

The EPA Newsletter: **Could you expand on what you see as the priorities for EPA under your leadership?**
Professor Namazova: May I answer that from two different perspectives. From the perspective of children and young people there are significant unacceptable variations in the health and quality-of-life for children across the nations of Europe. These inequalities are likely to get larger with the economic challenges facing our countries and as paediatricians we must stand up and act as advocates for the well-being of children we see - after all, it is better to prevent conditions such as obesity and mental health problems, than having to treat them. Then from the perspective of the services that we provide as paediatricians, once again there are significant variations in the quality, quantity and safety of health services to children and families across the diversity of Europe. This diversity could be seen as a natural experiment from which we could learn by studying which systems and services produced better outcomes. If we are smart then we should be able to learn from each other and implement relevant best practice.

The EPA Newsletter: That sounds like an ambitious vision.
Professor Namazova: Yes it is, but EPA has already taken the first steps in this direction and I would like to support further cooperation and collaboration between professional organisations that represent the interests of children in Europe. I have no doubt that this will at times be very challenging, however, we already have some good pan-European clinical research networks and cooperation between paediatricians at a clinical level, we now need to build on this experience and begin to learn from each other on how best to plan, provide and improve the services we provide. A good example would be the advantages and disadvantages of general practitioner versus primary care paediatrician

providing first contact care. Again, there are huge differences in what is provided within child health promotion/screening and surveillance programmes across different nations.

The EPA Newsletter: What do you see as the priorities for EPA over the next five years?
Professor Namazova: We must continue doing the things we do well and build on those foundations that encourage collaboration between paediatricians, for example, sharing scientific knowledge and experience through the Europaediatrics congress. I would like to see, for example, more discussion and debate about issues such as the development of public health services for children and families, the organisation of services and how we deliver best value across all the sectors that are involved to complement the excellent clinical research presentations and review lectures. EPA is supporting "learning across borders" as a major initiative to study the diversities that exist within Europe and I would call upon paediatricians and their organisations to become actively involved as this has the potential to showcase best practice within individual nations for the benefit of others. Having said this, it is important to "stay ahead of the game" and I will be writing to the presidents of organisations that are represented by the European Paediatric Association to ascertain their views on what they feel are the priorities for future EPA work streams. I know, for example, many countries are concerned about cross-border health care - some children are unable to access the specialist care they require, in a timely way, from many different reasons.

The EPA Newsletter: **Do you have any concerns about developments in Europe?**
Professor Namazova: I am concerned about the development of European paediatric congresses although they definitely have become an integral part of continuous medical education for many European paediatricians. However, the number of congresses has increased inadequately and they have become bigger, more luxurious and more expensive. There is a remarkable imbalance of attendance between Eastern and Western European countries. Furthermore, due to an increased number of abstracts presented during oral or poster sessions the number of parallel sessions has increased to such an extent that an individual participant is unable to attend more than 30% of all presentations. The time for fruitful discussions allowing participants from different regions to communicate in more depth after presentations and during "free-time" seems to have reached a critical limit. Last but not least the dependence of sponsorship and the influence from professional congress organisations, pharmaceutical industry or other commercial organisations may bias the content of the scientific programme. Likewise, there are a small number of paediatricians who engage in "conference tourism" - they sign up for the conference but are not there to improve their paediatric knowledge or skills! EPA Council is currently discussing the importance that there may be a general need for restructuring future paediatric congresses concerning the geographical allocation of congresses, the acceptance rate of abstracts and the content and structure of the programme. It is essential that we all maintain our paediatric competence throughout our working lives as the boundaries of science will continue to expand and challenge our thinking and delivery of services.
The EPA Newsletter: **If I gave you one wish, how would you use it?**
Professor Namazova: That's a difficult one to spring on me! I think you might expect me to say more resources for paediatric research or for the delivery of services to children and families, but I am going to say I would like to see the UN Convention on the Rights of the Child fully implemented across Europe, indeed the world, to promote the status of children in all societies as they are the future generation and deserve this investment.

2.3. International Seminar: Child Poverty, Public Policy, and Democracy

Organized by Equity for Children Latin America, CROP, FLACSO Mexico and the Institute of Legal Research (UNAM). The event aims to address some of these questions or topics:

- How is child poverty produced and reproduced in Latin America and the Caribbean? How do stereotypes and social representations of child poverty develop?
- How are intra-urban inequalities produced and reproduced in increasingly urbanized regions? What is the impact of inequality and poverty on the development, quality of life and implementation of the rights of children?
- What policies have proven to be effective, or "best practices", in the eradication of child poverty and inequality in a comparative experience? How are empirical and theoretical evidence that explain current levels of child poverty and inequality interpreted in contemporary representative democracies? What are the implications and ideological positions underlying the empirical evidence that supports the current diagnosis? In what way do politics, children's participation and citizenship play important roles in democracies, leading to enhanced child rights and reduced inequalities?
- To what extent do national and international institutional legal frameworks such as CDN, CEDAW and ODM provide an effective response to the issues that affect children and teenagers? What concrete results are seen in terms of designing or financing policies to eliminate child poverty? http://www.equityforchildren.org/

Social paediatricians from Latin America (Argentina, Chile and Colombia) will participate in this seminar. One of its members, **Dr. Helia Molina (Chile)** has been recently designated Minister of Health by President Bachelet. We congratulate Dr Molina for this unique opportunity and challenge!

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2.4. Global consultation for Every Newborn Action Plan

Consultation has been opened on the new WHO Every Newborn Action Plan.
Consultation is open until 28th February. Please go to:
http://www.who.int/maternal_child_adolescent/topics/newborn/enap_consultation/en/index.html There, you can read the action plan and make comments. The action plan and consultation document is available in French and English.

2.5. Child Rights Training Group

The ISSOP Child Rights Training Group continues to collaborate with colleagues on an open access online child rights and health equity teaching curriculum. The curriculum development is led by Jeff Goldhagen, at the University of Florida, and brings together colleagues from across the globe. ISSOP members are developing a series of case scenarios which will help learners to link teaching points from the curriculum to real cases, and assist the learner to apply the concepts and lessons learned across settings. We welcome participation of further ISSOP members to assist with the development of case scenarios on topics such as the following: 1. Child health care financing. 2. Child adoption (could be linked with trafficking/ working children). 3. Parenting boundaries for a parent and a child (parental rights vs child rights - a major sticking point for why US has not ratified the CRC- 4. Family planning and sexual reproductive health (a global issue, but notably also a reason the US cites for not ratifying the CRC) 5. Adolescent health care (need for specialised care) 6. Teen pregnancy 7. Rights of a disabled child
Thank you! Ayesha Kadir kadira@gmail.com

3. International organisations

The following was written to CHILD2015 by Hajime Takeuchi from Bukkyo University in Japan, she is a member of the mailing list 'End Child Poverty' in Japan and they have written a declaration- if ISSOP members have experience to share in relation to ending child poverty, then please write in about it, to CHILD2015 or to this e-bulletin.

Establishment Declaration –

- We are worried about the future of children and adolescents, and our society. We decide that 2010 is the first year to solve child poverty.
- In ten years, we are going to solve a lot of subjects concerning child poverty. That means children will live in more reliable society and they will grow up safely and enthusiastically.
- We urge to form concrete government policies with the clear target to reduce child poverty. And we act not only for the change of indexes but for the convinced life for each child.
- We aim to build the society without child poverty, and the society which does not neglect child poverty.
- From each area in which children live, ordinary citizens, people from administrations and NGOs, and others.
- We hope this network serves the key messages and builds and extends the relation each other.

Sincerely yours,

Hajime

4. Current Controversy

4.1 Position paper on sponsorship by the Pharmaceutical Industry, by Ben Goldacre

The following article was published in the UK newspaper The Guardian on 18th Decembers and is relevant to the current discussion in ISSOP on developing a position in relation to sponsorship by the Infant Feeding Industry. Goldacre writes excellent articles on science and medicine and particularly likes to expose scientific fallacies. He has a regular column in the BMJ.
I have extracted several quotes from the article and you will find it at

http://www.theguardian.com/commentisfree/2013/dec/18/doctors-gps-register-of-interests-pharmaceutical-industry-glaxosmithkline

Let's see a register of doctors' interests
Ben Goldacre
Doctors like to think they're above being influenced by the pharmaceutical industry, but the evidence suggests otherwise.

'This week GlaxoSmithKline, one of the biggest drug companies in the world, said it would stop paying doctors to give lectures promoting their drugs. Some patients might be surprised to hear that their NHS doctor ever participated in such a practice, and that is one of the great merits of this announcement: it will help shine a light on a hidden corner of medicine.'

'The education provided by industry, coated in a patina of self-regulation, has been shown to be biased. The best currently available evidence is summarised in a 2010 systematic review, covering all the research ever conducted. These studies show that doctors who expose themselves to information from pharmaceutical companies are more frequent prescribers, more expensive prescribers, and worse prescribers than their colleagues.
No studies have shown that this promotional activity improves doctors' prescribing – at best they have shown no impact.'

Goldacre ends his article by recommending that doctors need to publicise each year how much money they have been given by drug companies for their further education. I think this is a very good idea. What do you think?

Tony Waterston

4.2. Sponsorship of Medical Education by Baby Feeding Industry Survey

ISSOP would like to find out the extent of sponsorship of paediatric education by the Baby Feeding Industry. In many countries where the government does not fund medical education, doctors turn to commercial companies for supporting postgraduate education and we would like to ask you about this in your country. The replies will be completely confidential.

https://www.surveymonkey.com/s/36HXFX3

5. CHILD2015 report

The forum continues to grow and expand. There has been a valuable recent thread on corporal punishment and its relation to culture, with this topic there is a risk of opinion surpassing evidence so if you contribute, please bear this in mind! There has also been a useful correspondence on the type of fluid used in the resuscitation of sick infants and I would encourage those of you involved in intensive care settings (probably not than many of our members!) to read this. Do please consider initiating issues around child health information and participate in the discussion, at present there are only a very small number of ISSOP members who do so (and particular thanks to Gonca, Nick and Nataliya in this respect!)
Tony Waterston

6. Recent publications and links

The following extracts on polio eradication will be of interest to ISSOP members.

Dear Dr. Spencer,

In the first half of 2013, the polio eradication program saw a tremendous boost, with unprecedented donor support pledged at the Global Vaccine Summit in April and the launch of GPEI's comprehensive six-year Strategic Plan to bring us to the end of polio. But we've always known that the last stretch in the fight would be the most arduous, and the latter half of the year has presented sobering challenges. As we look back at the year:

What you can be optimistic about:

- *Progress and Intense Focus Continues in Endemic Countries:* Through improved operations, innovative strategies and greater accountability, we have cornered the virus to only a few small reservoirs, on which we maintain a strong focus even as we address outbreaks in other countries, showing that the GPEI Strategic Plan is working.
  - 50% decrease in cases in Nigeria since last year
  - Excluding FATA and KP which are facing serious inaccessibility issues, cases are down 40% in Pakistan
  - The virus appears to be eliminated in southern Afghanistan
- *Apparent WPV3 Elimination:* No cases in 2013 of one of two remaining wild polio strains.
- *IPV Introduction:* The GAVI Alliance will support Inactivated Polio Vaccine (IPV) introduction in 73 low-income countries.
- *Rapid and Effective Outbreak Response:* An aggressive response is shortening the length of the outbreak in the Horn of Africa, where we've stopped transmission in the engine of the outbreak. In and around Syria, the largest-ever regional synchronized immunization campaign is underway targeting 22 million children.

What to be concerned about:

- *Outbreaks:* As long as polio transmission continues in the final three endemic countries, the risk of outbreaks and polio circulation in previously polio-free countries remains high. The situation in Syria and the Horn of Africa underscores the risk of spread and puts an even greater emphasis on the importance of finishing the job in the endemic countries and keeping immunization rates high.
- *Inaccessibility and Insecurity:* Reaching children in inaccessible areas and dealing with unprecedented insecurity are major challenges facing the program.

As we enter 2014, your support will be vital as we move closer and closer to the end of polio, but also deal with ongoing challenges. We look forward to continuing to work together in the New Year, starting with India's celebration of three years free of wild poliovirus.

Best,
David

David Gold
Principal, Global Health Strategies

Syrian Outbreak Met By Largest-Ever Immunization Campaign

- WHO has confirmed 17 cases of polio as of 26 November: 15 in Deir Al Zour and one each in Aleppo and Rural Damascus. Genetic sequencing indicates the virus came from a strain of Pakistani origin detected in sewage in Egypt in December 2012.
- In response, ministries of health in Syria and six bordering countries and territories declared polio a regional emergency and are implementing the largest-ever consolidated immunization campaign in the Middle East, aiming to repeatedly reach 22 million children.
- The program is working with civil society and humanitarian organizations like the Syrian Arab Red Crescent to ensure all children, no matter where they live, receive polio vaccines as well as critical other lifesaving services, including vaccines for measles and rubella, and vitamin A supplements.
- The program has previously eliminated polio even in the midst of war, and applies lessons learned to the current challenges. Almost two million Syrian children have already been reached, including in contested areas.

Is WPV3 Gone?

November marked 12 months since the last case of wild poliovirus type 3 (WPV3) anywhere in the world. WPV3 cases can be hard to track, so it is too soon to say with certainty, but this could indicate the elimination of the second out of the three wild strains of polio (WPV2 has not been seen since 1999).

Breakthroughs and Barriers in Endemic Countries

The recent outbreaks underscore the importance of interrupting transmission in the endemic countries, the source of all outbreaks. Fortunately, guided by National Emergency Action Plans, the endemic countries have made substantial progress this year. By focusing efforts and employing innovative strategies, the program is reaching more children and has cornered the virus to only a few remaining strongholds. No virus has been detected in three of the seven reservoir areas where polio had been entrenched. Help share the importance of finishing the job in the endemic countries.

Country	# of Cases This Year	# of Cases This Time Last Year	Change in Cases
Afghanistan	11	33	67% ↓
Nigeria	50	111	55% ↓
Pakistan	70	56	25% ↑
Total in Endemics	131	200	34.5%↓

(Data as of 3 December 2013)

- **Afghanistan - No cases in more than a year in south:** Last month marked one year since Afghanistan's Southern Region, long identified as the country's polio epicenter, reported a case of wild poliovirus. The nine reported cases in Afghanistan in 2013 are all linked to cross-border poliovirus transmission with Pakistan. Help share this WIRED article on the strength and accomplishments of Afghanistan's polio program.
- **Nigeria - Expanding coverage:** Cases have been reduced by more than 50%, and 75% are concentrated in only three states in the northeast. Four states that saw cases last year have had zero so far in 2013. Nigeria is also making strides in improving access in areas of insecurity: since March 2013, the percentage of accessible children in Borno State increased from 0 to 80%.
- **Pakistan - Continued insecurity challenges:** The number of cases continues to rise quickly and has now surpassed last year's total. But more than 80% of cases are concentrated in the northwest of the country, including North Waziristan, where vaccinators have been unable to reach children for more than a year. In response to the threat posed by the outbreak, in November, 21 nations from WHO's Eastern Mediterranean region, including Pakistan, approved a resolution calling on Pakistan to urgently vaccinate all children.

Tapering Outbreak in the Horn of Africa

- Thanks to an aggressive multi-country response, no new cases have been reported since July in either Mogadishu, the engine of the outbreak, or Kenya.
- With new cases slowing, the region is focusing on stopping residual transmission in South Central Somalia and the Somali region of Ethiopia, where cases continue to be seen. The program recognizes there is no room for complacency: the cross-regional response will extend into 2014, with plans to vaccinate 29 million children repeatedly in the next six months.

GAVI to Facilitate IPV Introduction in 73 Low-Income Countries

Last month, the GAVI Alliance Board announced that GAVI would support the introduction of inactivated polio vaccine (IPV) in the world's 73 poorest countries. The introduction of at least one dose of IPV by the end of 2015 in all countries that only use the oral polio vaccine (OPV) is a key part of the GPEI's endgame plan, and is a critical step toward removing OPV to eliminate the risk of vaccine-associated polio outbreaks. At the same time, it will hasten the eradication of wild polio strains. In addition to providing vaccines, GAVI will help improve cold chain systems so these countries can reach more children with other lifesaving vaccines, even after polio is gone.

From: Bill Keenan, MD, IPA Executive Director
Jon Klein, MD, MPH, AAP Associate Executive Director
***Re: 3rd Anniversary – Polio eradication in India,* January 9, 2014**

January 13th is an important date in the fight against polio. The date marks the three-year anniversary of a polio-free India – a huge milestone in the fight to eradicate polio. This also highlights once again the impact of immunizations in ending deadly diseases.

Long considered the hardest place on earth to end polio, India is now a case study on how to mount a comprehensive and successful public health response under the most complex circumstances. These strategies have helped reinvigorate the polio program and informed

the Strategic Plan to end polio by 2018. While Pakistan, Afghanistan and Nigeria face unique challenges, India's lessons have been used in each country to realize progress over the past year. In the three years since the last case of polio, the infrastructure and innovations that helped India reach the poorest and most marginalized are now being used to tackle other diseases that affect children. For example, the polio surveillance system is helping to track measles outbreaks, while religious councils originally formed to encourage polio vaccination are now working to address other health and development issues.

We received a toolkit (attached to this email for your use) which contains key messages and social media messages which can be used to help call attention to and celebrate the third anniversary of a polio-free India. This is an opportunity to help educate and raise awareness within the community of pediatric leaders worldwide and to help raise public awareness, too. We encourage you to participate in and post social media messages about the third anniversary to support efforts to spread these messages on January 13th . If you can, we also urge you to ask your pediatric society leaders and members to do the same, to help amplify the messages and help spread the word globally.

Please let us know if you post media or social media (Facebook, Twitter, etc.) about the anniversary. If you have any questions or need additional information, please don't hesitate to contact us at jklein@aap.org or keenanwj@slu.edu .

Thanks in advance for considering this request.

7. Your feedback

In the last e-bulletin we included a survey link for giving feedback on what you think about our newsletter. I'm sorry to say that only 7 people responded to the survey and this isn't enough to provide validity.. so here is the link again – PLEASE can those who have not already completed it, now do so? Thank you!

Tony Waterston

https://www.surveymonkey.com/s/WBLMK2P