

#

International Society for Social Pediatrics and Child Health (ISSOP) Annual General Meeting 2013

*Melbourne Exhibition and Convention Centre
Melbourne, Victoria, Australia*

1. Welcome

- a. President Nick Spencer welcomes those present for the 2nd Annual General Meeting (AGM) of ISSOP.
- b. All those present introduce themselves
- c. Nick presents apologies for absent member, while others had problems getting here.
- d. In total, 17 persons are present, including some non-members.
- e. Minutes from AGM 2012 are accepted by acclamation.
- f. General Assembly shall be considered valid, irrespective of the number of members present (article 7f).

2. President's Report

The President presents his Annual Report that beforehand has been circulated among members. Here are some of the Report's highlights and discussions during the AGM.

ISSOP Annual Meeting in St Andrews in September 2012 was successful and positive experience with video conferencing during the meeting. We wanted IPA to do this at ICP 2013, but we were not successful in persuading Kenes or the RACP to organise conferencing.

The conference in Melbourne has had a clear child public health focus. In the meeting there has been good general discussion on child health with social pediatric focus. This reveals that pediatric work today is done by many other health professionals than pediatricians. We need to speak out clearly on these issues and have our voice heard. Obviously, there are many overlapping issues with other child health organizations, and professionals.

Pointed out that we can not expect similar child public health focus in coming ICP conferences, in Vancouver 2016 and Panama 2019. Obviously, ICP has recently shifted its focus on child public health, and the Congress President was Niel Wigg, he himself an ISSOP member.

Discussed how ISSOP can raise the the discussion on social pediatrics within ICA. Now Shanti Raman has been selected to represent ISSOP in the IPA Standing Committee (substitutes Giorgio Tambourlini). Suggested to focus on

#

2-3 issues within the Committee in an attempt to influence the on-going discussion within ICA.

Pointed out that ISSOP meetings are annual, not triennial as IPA Conferences. Thus, ISSOP has an important role to play with focus on practical approach in child health work. We could e.g. link up with the social sector by focusing on home visiting, and review of the successes/failures of such programmes.

Decided to charge the Executive Committee and Core Committee to address, discuss and make a proposal to IPA regarding the above issues, and call our experienced colleagues to support and guide us in the coming dialogue. What areas should we address within the umbrella of IPA?

Finally, the ensuing discussion stressed the importance of the multi-disciplinary nature of ISSOP and child health work. We should strive to engage a range of health professionals in our work and organization, and in our conferences. Some of the ICP 2013 participants indicated interest in joining ISSOP and accompany its work.

Those present express pleasure with the ISSOP e-bulletin, masterminded and edited by Tony Waterston and edited and formatted by Raul Mercer in Argentina. The goal is to have six issues per year, and its publication is a very positive development for our work. The bulletin has raised many issues, and we need to promote it better in our daily work among colleagues. Former issues are found on our website.

Nick reports on participation in other meetings, in particular the ALAPE meeting in Cartagena, Columbia in November 2012 with Gonca Yilmaz and Manuel Katz as our representatives.

Turkish ISSOP members arranged a meeting in Istanbul on social pediatrics with about 300 participants. Stuart Logan was invited as a speaker.

ISSOP members participated also in the European Pediatric meeting in Glasgow in June 2013, and met informally.

Other issues taken up in the Report, are subject for separate discussion below.

3. **General Secretary's Report**

Geir Gunnlaugsson informs there is little to add to the Presidents report. In short, the Executive Committee has met regularly by Flash technology during the past year, in total six times, with 6-8 people participating each time, living in different continents. The experience has been positive, and for all participants proves that this is a cheap and accessible way to improve

#

communication among members. Further, we had one Council meeting on 17 May 2013, with 13 members of the Council present.

4. Treasurer's Report

According to Olivier Duperrex, ISSOP is doing well in financial terms, with about 5.000 euros in our account. The money is used for our website, annual fee to Kenes, etc. At the time of the meeting, 41 members have paid their fees of 2012. All members are urged to pay their 2013 fee!

The membership list is administered by Kenes. There is on-going discussion to identify one person *per* country to contact members in their country and stimulate them to pay due fees. Ulrika at Kenes can help with the membership management.

The finance report is in French and is distributed among those present. ISSOP had decided to spend 5.400 euros to Kenes for establishing the membership database. At the advice of the revisors these costs are to be spread over four years. See details in Annex 1.

Informed that Tony Waterston has reimbursed last spring the money ISSOP contributed in 2011 to secure the booking of the annual conference in St Andrews 2012.

The AGM has a formal vote regarding the financial reports and alleviate responsibility. Accepted by acclamation.

5. ISSOP policy on sponsorship

A draft regarding a fund raising policy for the Society, prepared by Kenes and Olivier Duperrex, has been presented to the Executive Committee. The first part of the document is ready. In it, fundraising for projects is allowed but in line with certain number of rules, and has to be approved. Before final decision, the Council has to be consulted.

It is pointed out that we do need project to have a chance to get a sponsorship, e.g. to recruit members from Low- and Middle Income Countries and sponsor them.

Currently, there are 500 people are on our membership list while only 41 have paid pay. This needs to be improved.

It is pointed out that an Society like ours can arrange programs to fund its activities through PhD and master courses, e.g., in Turkey.

Regarding our annual meetings, the national organizers do all the work and local sponsors can be approached.

#

A question is raised on ISSOP position regarding drug or milk companies. Generally agreed that such sponsorship should be avoided. At the same time, we accept there are circumstances where it is more difficult to take a clear stance. Called attention to that ICP 2013 had a policy on sponsorship, but we now see the results with Nestle and other drug companies in the frontline.

Giorgio will send to the President the IPA and the Italian policies regarding sponsors.

6. **e-Curriculum on Community and Societal Pediatrics**

Jeff Goldhagen (USA) is leading the preparation of a *Community and Societal Pediatrics* e-curriculum within the American Pediatric Association. Nick reported that the e-curriculum is nearing completion, and expected to be ready in 2014. ISSOP members are contributing to that on children's rights, Raul Mercer has been involved, among others. The sentiments regarding *social vs societal* from our last AGM in St Andrews has been raised with Jeff; however, it has been agreed that ISSOP can promote the curriculum with the title Community and Social Pediatrics.

Generally agreed that ISSOP should be proud to associated with this activity. Pediatric doctors are not all trained with the same curriculum, and there is a gap that needs to be addressed. There should be one common basis and then different issues addressed, based on local settings. Social pediatrics is not so evident in the curriculum around the globe, and we as social pediatricians should have the community in focus.

In its current form, Jeff Goldhagen did not set out for the global pediatrics, but there is focus outside the USA. Authors come from a number of different countries, and this is not an American curriculum. The question is raised if we could eventually focus it into IPA.

7. **ISSOP Coming Annual Meetings**

The next meeting will be held 16-18 June, 2014 in Gothenburg, Sweden in the premises of the Nordic School of Public Health (NHV). Lennart Köhler presents, and informs that NHV has just celebrated its 60 yrs of existence; however it will be closed down by the end of 2014. Actually, despite ESSOPs/ISSOPs long-standing relation to Sweden, an annual meeting has never been held there before. Lennart promises good weather.

Preliminary title of the conference is *Measurement of Health – a Child Health Perspective*. Themes include indicators, e.g. on abuse/neglect, mental health, disabilities, injuries, and quality of the child health services. Further, there are plans for discussion on special research methods, e.g. cohort, and surveys in different settings (local/national).

Information sheet regarding the meeting is distributed among those present.

#

Olivier Duperrex presents current plans for ISSOP 2015 Annual Meeting in Geneva 2015. It will be held in the first week of September, and will focus on children's rights, equity, and post- Millennium Development Goals (MDGs).

8. Summer Courses

Nick informs that our Croatian colleagues had a summer course in November 2012 in Zagreb with the participation of Luis Martin, member of Ex Committee and other local ISSOP members. Until now there has been very little direct ISSOP influence on the Croatian courses. However, the Executive had a special meeting on 15 February 2013 with Milivoj Jovančević and Josip Grgurić. Currently, there are two courses being planned, one in Zagreb and one in Ankara.

Gonca Yilmaz informs on the summer course being planned in Ankara in October 2014. She has already started the preparation, and will focus on well child care visits. Some questions that will be raised e.g. what can we do in our well-baby clinics, vaccination, development etc. More info will be circulated later.

9. CHILD2015 Update

ISSOP has now been involved in the CHILD2015 initiative for 2 yrs. The platform is financially supported by ISSOP, and it is a forum for lively discussion on the MDGs. Its aim is to develop, encourage and help the professional development of health workers in majority countries. It is truly an important forum to put forward the ideas ISSOP is based on. We can stimulate discussion points for others to pick up and discuss. A few may have joined ISSOP as a result, and illustrates our gradual change from an European focus to an international one. Many sub-Saharan African health workers are active in the discussion.

ISSOP members Gonca and Tony have organised a few webinars that have been successful in generating interest in social pediatric issues.

10. ISSOP/ECPCP

Manuel informs that the European Confederation of Primary Care Paediatric organizations (ECPCP) currently represents 16 national organizations within the EU. He, Luis Martin and Zsuzsanna Kovacs have represented ISSOP in the implementation of a survey among its members. Currently there are plans to use an adapted questionnaire in Latin America in collaboration with Raul Mercer in Argentina. The first one targets primary care pediatricians, the second will address policy issues, e.g., CRC and education, and be targeted towards the national organisations. The results are expected to be ready in

#

2014, and if successful be presented as a paper in the name of ISSOP with the above members as authors.

11. Sustainability prize

Nick presents that Tony Waterston has suggested to use some of the profits of the St Andrews meeting in 2012 to fund the sustainability prize – perhaps 100 Euros *per* meeting and give it a try for 2-3 years. There were no applicants for the prize this year, primarily because of the travel distances from outside and across Australia, so no prize awarded. Agreed that 100 Euros should be offered for the prize at future meetings.

12. Position papers

ISSOP has now four position statements: Child health inequalities, Breastfeeding promotion, Migrant's children; and Children's rights. The two first are published, and the fourth is awaiting publication, in *Child: care, health and development*. More position statements are requested, and members present point out that these have proved to be useful for discussion on social pediatric issues. Other themes suggested are home visiting, and parenting to which OD would be happy to contribute.

13. New members

6-7 people have contacted Olivier Duperrex during the congress. People have approached OD, and we have had successful sessions at the ICP. Since January 2013, 11 new members have joined and have paid.

The meeting ended at 18:30.

Melbourne, August 28, 2013

*Geir Gunnlaugsson
General Secretary*