



2.

CONTENTS

- 1. Introduction**
- 2. Meetings and news**
 - 2.1. Voices from the Colombian Congress of Social Paediatrics
 - 2.2. ISSOP Annual Meeting in Budapest
 - 2.3. World Immunization Week 2017
- 3. International Organisations**
 - 3.1. Global Child
 - 3.2. FENSA
- 4. Current controversy**
 - 4.1. Baby-led feeding for complementary feeding period: yes or no?
- 5. CHIFA report**
- 6. Publications**
 - 6.1. Invisible wounds
 - 6.2. Atlas on children's health and the environment
 - 6.3. Tackling Child Poverty in Latin America
 - 6.4. Thirsting for a future: Water in a Changing Climate
 - 6.5. BMJ Pediatrics Open
 - 6.6. Letter from WHO in Lancet – conflict of interest

1. Introduction

Now spring is here and we are presenting a new look ISSOP e-bulletin with shorter articles and links for those who would like to read more in detail. Let us know if this spring clean makes the bulletin more readable. As immigration continues to dominate the headlines, it's time to register for the annual ISSOP congress in Budapest whose theme is migrant health. This will be a chance to get up to date information, views and contacts in one of the European countries most affected by the conflicts in the Middle East. This is a very timely meeting so do make every effort to come, and do remember that you can get there very fast by train from all neighbouring countries. If you are looking for fares and routes, check out www.Seat61.com which is a truly brilliant website with a personal flavour. In this issue we also continue to cover the conflict of interest debate in relation to baby milk sponsorship with a link to the Lancet letter from WHO leaders and further information we have received from WHO on FENSA – the Framework of Engagement with Non State Actors.

Tony Waterston & Raúl Mercer



2. Meetings and news

2.1. Congress of Social Pediatrics, Bogota, Colombia

María Lucía Mesa Rubio MD



With the slogan "Peace and Right to Health", the Committee of Social Pediatrics of the Colombian Society of Pediatrics (SCP) celebrated the III Colombian Congress of Social Pediatrics on March 16-18 in Bogotá. The meeting was held in the Auditorium of the Los Andes Medical Association, with the sponsorship of the Santa Fe Foundation University Hospital, the Colombian Society of Pediatrics (SCP), and its Regional group at Bogotá.

The international guests were: Dr. Helia Molina of Chile, Dr. John Eastwood of Australia, Dr. Ronald Perez of El Salvador and Dr. Jesús García Pérez of Spain and the Colombian speakers were Dr. Ernesto Durán, president of the Committee of Social Pediatrics of the Colombian Society of Pediatrics and of the Latin American Association of Pediatrics and the Doctors: Clemencia Mayorga, Myriam Bastidas, Alvaro Posada, María Lucía Mesa, Edward Díaz and Francisco Cajiao, Educator.

The Congress was a good opportunity to integrate advances in Social Pediatrics Chile, Australia, El Salvador, Spain and Colombia.

We share with Colombian colleagues the advances of the **First Chilean Congress of Social Pediatrics and the 34th ISSOP Conference**, with special attention in the workshop on the paths to be followed jointly in the world's social pediatrics preserving the three pillars: advocacy, teaching and research.

Topics approached during the Congress included: **peace building experiences**, which for the Colombian moment; put us at the forefront of knowledge and perspective with a forum with youth participation, **the right to health**, by former deputy minister of health, Dr. Fernando Ruiz Gómez.

The following lectures were presented: **Social Pediatrics and Peace building** (María Janeth Correa), **System of criminal responsibility for adolescents**: what pediatricians should know in a post-conflict country (Javier Díaz), **Early childhood education as a public policy for Peace** (Humberto Ramírez), **The family: space for the construction of Peace** (Melba Franky), **Obstetric violence and the right to health of mothers and children** (Claudia Barreto), **The exercise of the right to health in Wayuu children in the department of La Guajira: context and realities** (Jeffrey Aragón), **A colonial look at the ways of making public health policies - with a rights approach - for children and adolescents in Colombia** (María Camila Pinzón), **Territorial Alliance for Education in the Right to Health of Children and Adolescents** (Isabel Cristina Bedoya).

In addition, within the framework of this event, he presented the Pediatric Research Prize. The judges were Dr. Jesús García Pérez, María Lucía Mesa and Edward Díaz. There were 9 finalists and after a hard qualifying the first three prizes were:

1. The experiences of mothers of girls and boys with Down syndrome in medical care. Qualitative study with ethnographic techniques
2. Ethnographic approach in the health disease process in childhood High Guajira, Uribe Colombia
3. Model of the socialization of children with visual or hearing disability, according to beliefs, attitudes and duels of their caregivers.



2.2. ISSOP 2017 Annual Meeting in Budapest

<http://www.issop2017.com/>

International Society for Social Pediatrics & Child Health
Budapest, Hungary, September 28-30, 2017

Abstract submission Online registration

Invitation General Information Main Topics Social Program Registration and Accommodation About Budapest Contacts

Keep me updated

Deadlines

Abstract submission	01/05/2017 23:59 a.m. CET
Early registration	30/05/2017 23:59 a.m. CET
Dispatch from abstract selection	15/06/2017
Normal registration	31/08/2017 23:59 a.m. CET

Documents

- Registration Form
- Registration Form for Hungarian Participants

Congress office: Convention Budapest
Address: Lajos u. 66. 'A' lh., 4. em., H-1036 Budapest, Hungary | Phone: +36 30 570 6031 | Fax: +36 1 299 0187 | www.convention.hu

Day 1: 28 September Thursday

09.00-10.30	Plenary 4 Advocacy for displaced children –child rights approach Round table J. Goldhagen: Implementation of protection, promotion and participation rights of children: Adem Arkadas (Turkey): Refugee children's rights in Turkey B. Lehel (Hungary IOM): Child participation in the child protection project of the IOM Ute Thyen (Germany): Veronique Lerch-(Portugal Independent Human Rights Consultant): <u>Rights-based approach to the health of migrant children</u>
--------------------	---



	10.30.-11.00 Coffee break
--	----------------------------------

14.00.-15.00	Plenary: 2. Dr. Shanti Raman: Role of paediatricians in tackling racism and xenophobia Cultural and linguistic competence in health care (TBA)
15.00-16.30 Parallel Workshops	
15.00.-16.30	Workshop 2A: Cultural and linguistic competence; health communication and promotion – (TBA)
15.00.-16.30	Workshop 2B: <u>Care for refugees, governmental and nongovernmental involvement, the role of NGO-s</u> Moderator: Stella Tsitoura (ISSOP Greece) main presentation & country experience session Greece, Germany, Hungary, Sweden, Spain (Javier Cuenca Save the children Spain), Romania, Albania accepted/awaiting others (Brief presentations 10-15 min./country)
15.00.-16.30	Workshop 2C: Free papers
16.30-17.00 Coffee break	
17.00.-18.00	Plenary 3. Infectious diseases challenges for migrant children (Symposium) Zsófia Mészner (Hungary National Institute of Health Development): Risks of infections among migrant children K. Kardics, K. Kalocsai (Hungary St László Hospital): Tropical medicine / imported diseases

Day 2: 29 September Friday

11.00-12.30	Plenary 5: Children on the move and stranded in Greece: Needs assessment, interventions, limitations and good practices Moderator: <u>Apostolos Veizis</u> (Director of Operational Support Unit, Athens. Medecins Sans Frontieres (MSF) <u>Nicolaos Gkionakis</u> : MSc, psychologist, "Mental health interventions for refugee minors and families in Greece. The experience of Day Center Babel". <u>Agis Terzidis</u> : vice President Hellenic Center for Diseases Control and Prevention (KEELPNO) Ministry of Health. "Health Care of migrant children in Greece". <u>Andreas Dimou</u> : PRAKSIS Accommodation Centers Coordinator "Unaccompanied minors". <u>Gelly Aroni</u> : Coordinator of working Group on Refugee Education, Ministry of
--------------------	--



	Education. Stella Tsitoura: Network for childrens' rights. "Holistic care of children in refugee camp of Schisto".
12.30-13.30 Lunch	
13.30-14.30	Plenary 6 Mental, behavioural and developmental health issues of displaced children B.Pászthy (Hungary Semmelweis University) Psychosocial and mental health disorders Save the children (UK): Invisible wounds
14.30-15.30 Parallel Workshops	
14.30-15.30	Workshop 6A: Moderator: S. Raman <u>Identifying, assessing and intervening for refugee/migrant children exposed to violence, neglect and abuse</u> ISSOP position statement on violence against children
14.30-15.30	Workshop 6B: Free papers
15.30-16.00 Coffee break	
16.00-17.30	ISSOP AGM
18.30-23.00	Social program: Banquet dinner in Domonyvölgy

Day 3: 30 September Saturday

9.00-11.30	Plenary 7: Policies <u>Strategic response to improving the current care for displaced children; Policy initiatives with key organizations</u> Moderator: ISSOP Tony Costello or one of WHO team - WHO Child and Adolescent Health, Geneva Ernő Simon - UNHCR Regional Representation for Central Europe Katalin Tausz UNICEF Hungary IPA Representative Ayesha Kadir (ISSOP): ISSOP Position Statement on Migrant Child Health
11.30-12.00 Coffee break	
12.00-13.00	Plenary 8: Closing N. Spencer, Ayesha Kadir: Conclusions N. Spencer: Farewell
13.00-14.00 Lunch	
14.00-17.00	Social program Budapest sightseeing



2.3. World Immunization Week 2017

Rita Nathawad



World Immunization Week is April 24 – 30, 2017. The goal of this week is to promote the use of vaccines to protect people of all ages against disease.

The Global Vaccine Action Plan (GVAP), supported by 194 Member States of the World Health Assembly in May 2012, aims to provide universal access to immunization by 2020. While many countries have made significant progress toward this end, there is much work to be done. The critical role that vaccination plays throughout the life course is also tightly linked to achievement of the 2030 Sustainable Development Goals as vaccines are an initial point of contact to health care at the beginning of a child's life that can promote lifelong engagement in primary health care.

Immunization currently averts an estimated 2 to 3 million deaths each year, yet an estimated 19.4 million infants worldwide still miss out on basic vaccines. While global vaccine coverage has remained steady over the past few years, a great deal of work is still needed to achieve universal coverage for all children. The table below summarizes current immunization coverage rates for the end of 2015.

Pathogen	Global Coverage	Number of Countries Introduced	Comments
<i>Haemophilus influenzae</i> type b (Hib)	64% (with 3 doses)	191	Wide variation between regions



Hepatitis B	83% (with 3 doses)	185	-
Human papillomavirus	-	66	-
Measles	85% (1 dose by 2 nd birthday), 61% (2 doses)	160	-
Meningitis A	-	-	More than 235 million people in affected African countries vaccinated
Mumps	-	121	-
Pneumococcal diseases	37%	129	-
Polio	86% (3 doses)	-	Polio has been stopped in all countries except Afghanistan, Pakistan and Nigeria. Polio-free countries also at risk of imported virus until full eradication.
Rotavirus	23%	84	-
Rubella	46%	147	-
Tetanus	83%	106	Maternal and neonatal tetanus persist as public health problems in 19 countries, mainly in Africa and Asia.
Yellow fever	-	35 (out of 42 countries and territories at risk)	-

During the last week of April this year, join the WHO in its campaign to:

- Highlight the importance of immunization as a top global health investment priority.
- Promote understanding of the action steps required to achieve the Global Vaccine Action Plan.
- Showcase immunization's role in sustainable development and global health security.

Information summarized from:

<http://www.who.int/campaigns/immunization-week/2017/en/>
<http://www.who.int/mediacentre/factsheets/fs378/en/>



3. International organisations

3.1 Global Child: a rights-based approach to enhance the health and developmental outcomes of children across the globe



Dr Ziba Vaghri (ZB), a child development and child rights researcher from the University of Victoria, Canada, has proposed and received generous funding from the federal government of Canada to build Global Child (GC); a comprehensive child rights monitoring platform that will operationalize the articles of the Convention on the Rights of the Child (CRC).

<https://onlineacademiccommunity.uvic.ca/globalchild/>

GC will be built using the indicators framework and will facilitate the task of implementing as well as monitoring of the CRC for all 196 governments that have ratified the CRC. This international project is a 5+5 years project, where its first 5 years will focus on Canada and during its second 5 years will be piloted in different regions of the globe. The final aim of the project is to enter conversations with the UN Committee on the Rights of the Child to discuss the possibility of global deployment of the tool as the universal CRC report writing tool. Led by Dr Vaghri, this international team is comprised of key child rights/child health and child development experts. The team is comprised of Dr Yanghee Lee and the Honorable Jean Zermatten – the two previous chair persons of the UN CRC Committee –, Dr. Susan Bissell (the Head of the Global Partnership to End Violence against Children), Dr Zulfiqar Bhutta (President of IPA), and Justice Renate Winter (an Austrian member of the CRC committee). Hon. Jean Zermatten serves as the chair of the Steering Committee of the GlobalChild. The GlobalChild platform, which will have its structure completed by 2021, builds upon a decade of work of ZB with the UN Committee on the Rights of the Child which resulted in creation of the General Comment 7 indicators (Known as Early Childhood Rights Indicators (ECRI) project).

3.2 FENSA Framework of engagement with non-state actors

The Sixty-ninth session of the World Health Assembly has adopted the WHO Framework of Engagement with Non-State Actors (FENSA). The Framework endeavours to strengthen WHO engagement with non-State actors (NGOs, private sector entities, philanthropic foundations, and academic institutions) while protecting its work from potential risks such as conflict of interest, reputational risks, and undue influence. FENSA is important because it has been used as a justification for why paediatric associations such as the Royal College of Paediatrics and Child Health (RCPCH) should accept funding from the private sector. However FENSA applies only to organisations in a relationship with WHO, and it does not restrict the authority of the International Code. We have been informed by WHO that 'any request from the RCPCH to engage formally with WHO would be subject to WHO's internal due diligence and risk assessment processes under FENSA. The decision by the RCPCH to continue to accept funding from formula companies would face certain scrutiny under these processes. The FENSA framework clearly states that "WHO will exercise particular caution, especially while conducting due diligence, risk assessment and risk management, when engaging with private



sector entities and other non-State actors whose policies or activities are negatively affecting human health and are not in line with WHO's policies, norms and standards, in particular those related to non-communicable diseases and their determinants. "As such, the primacy of the International Code and subsequent relevant WHO resolutions are key factors to be considered.'

4. Current controversy

4.1. Baby-led feeding for complementary feeding period: Yes or No?

Gonca Yilmaz, MD, PhD

For the early months of a baby's life, research has been focused on breastfeeding, health promotion policy and parental support. However, the next step, HOW TO introduce solid foods has received relatively little attention. As understanding of the lifelong impact of early feeding practices increases, attention is moving to the 'complementary feeding period'.

With traditional complementary feeding, an infant is presented some kind of puree or mush on a spoon by the parent. With baby-led feeding, the control is handed over to the infant. Baby can pick up the food and feed herself. Anecdotal evidence suggests that **BLW is becoming popular with parents, but scientific research is limited to a few publications**. The term 'baby led' is in use to describe breastfeeding, as an alternative to what used to be 'demand' feeding – feeding in response to hunger cues from the baby. It is meant to be a reminder that a baby is an active partner in feeding rather than a passive recipient of food.

One of the key tenets of baby-led weaning is to encourage this self regulation with little parental intervention over intake of food. It is likely that a baby-led approach is associated with a maternal feeding style that is low in control compared to traditional weaning. Some studies showed that baby-led feeding is associated with potential benefits including **lower levels of maternal anxiety, restriction, pressure to eat and monitoring during the complementary feeding period, and perhaps healthier eating patterns and body mass index**. One study demonstrated that infants in a baby-led group were more likely to meet the recommendation to exclusively breastfed to 6 months and to introduce complementary foods at 6 months, which is consistent with WHO complementary feeding recommendations.

Although Baby-led feeding has several proposed advantages, concern has been expressed about the safety of baby-led approaches, particularly whether they may increase the risk of food-related choking. A recent study showed that infants following a modified version of baby-led weaning did not choke more often than infants following traditional feeding practices, suggesting baby-led approaches to introducing solids can be as safe as traditional methods. Here, an important point is that, parents often find it difficult to distinguish between choking and gagging,

Baby-led and spoon-feeding should not viewed as dichotomous methods within the community but instead as styles of infant feeding that can be combined to suit the needs of the child and the family in each feeding situation.

We have done a randomized controlled study to determine whether BLW can be an alternative complementary feeding method without increasing the risk of iron deficiency, choking and growth faltering. The primary objective of this study was to determine how BLW group weight, length and head circumference change from traditional (control) group anthropometric measures at 12 months of age. We also assessed iron intakes and iron blood status of two groups at 12 months. According to our first results, infants in the traditional group were significantly currently heavier than those in the BLW group. And both groups' iron intakes were similar at 12 months of age.

References:

1. Brown A, Lee M. Maternal control of child feeding during the weaning period: differences between mothers following a baby-led or standard weaning approach. *Matern Child Health J* 2011;15:1265–71.
2. Brown A, Lee M. A descriptive study investigating the use and nature of baby-led weaning in a UK sample of mothers. *Matern Child Nutr* 2011;7:34–47.
3. Brown A, Lee M. An exploration of experiences of mothers following a baby-led weaning style: developmental readiness for complementary foods. *Matern Child Nutr* 2013;9:233–43.
4. Wright CM, Cameron K, Tsiaka M, et al. Is baby-led weaning feasible? When do babies first reach out for and eat finger foods? *Matern Child Nutr* 2011;7:27–33.
5. Cameron SL, Heath A-LM, Taylor RW. How feasible is baby-led weaning as an approach to infant feeding? A review of the evidence. *Nutrients*



2012;4:1575–609.

6. Townsend E, Pitchford NJ. Baby knows best? The impact of weaning style on food preferences and body mass index in early childhood in a case-controlled sample. *BMJ Open* 2012;2:e000298.

7. Cameron SL, Heath A-LM, Taylor RW. Healthcare professionals', and mothers', knowledge of, attitudes to and experiences with, baby-led weaning: a content analysis study. *BMJ Open* 2012;2:e001542.

8. Rowan H, Harris C. Baby-led weaning and the family diet. A pilot study. *Appetite* 2012;58:1046–9.

9. Fangupo LJ, Heath AM, Williams SM et al. A Baby-Led Approach to Eating Solids and Risk of Choking. *Pediatrics*. 2016 Oct;138(4). Epub 2016 Sep 19.

5. CHIFA report

Abigail Enoch & Neil Pakenham-Walsh

We are currently organising an exciting webinar in which Clare Hanbury and Bibiche Sangwa will be discussing their program on participation of children in learning and action for nutrition (PCAAN), an example of which can be found here: <http://www.childrenforhealth.org/how-we-do-it/children-for-health-partners/pcaan/>.

This will be held on the 18th of May at 13:00 GMT. Moreover, we are in the process of setting up a CHIFA Project on Newborn Care. More details on the webinar and the Newborn Care Project will soon be available on the CHIFA website: www.chifa.org.

Over the past 2 months, we have also been making progress on our CHIFA Capacity Building Project, which aims to strengthen CHIFA's sustainable capacity. Over this time-period we have for example recruited 3 additional CHIFA Country Representatives, to help support and promote CHIFA in the Representatives' countries (we now have 37 Country Representatives representing 31 countries), and have finalised a Spanish-language and an Arabic-language CHIFA leaflet (<http://www.hifa.org/about-hifa/publications>), for use in promoting CHIFA and advocating for the importance of access to child health information and child rights with our Spanish- and Arabic-speaking colleagues. Additionally, our Reader-Focused Moderation Training Guide is being further validated through its use in training the two new HIFA Desk Officers in moderation.

CHIFA leaflets now in English, Arab and Spanish



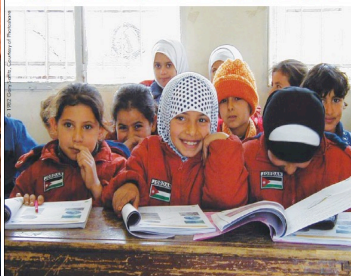
**A global campaign:
Child Healthcare
Information for All**



**Join here
(free):**

www.chifa.org

المنتدى العالمي :
للعناية الصحية للطفل
من خلال إتاحة المعلومات للجميع



**أشترك معنا
(مجاناً) :**

www.chifa.org

**Una campaña global:
Cuidado de la Salud Infantil.
Información para Todos**



**Ingresa aquí
(gratis):**

www.chifa.org



6. Publications

6.1. Invisible Wounds



Millions of Syrian children could be living in a state of "toxic stress" due to prolonged exposure to the horrors of war, aid group Save the Children says.

The damage to an entire generation of children could soon become irreversible without immediate help, it adds. The stress of war has led to increased bedwetting, self-harm, suicide attempts and aggressive behaviour among many children, according to a new report. The findings are based on hundreds of interviews in Syria. Save the Children says its study is the largest of its kind into the mental health and well-being of Syria's children amid the war, which began in 2011 and has left more than 300,000 people dead.

The report, **Invisible Wounds**, reveals a "terrifying mental health crisis among children trapped in Syria". Save the Children spoke to more than 450 people in seven of Syria's 14 governorates as part of its study, including children of varying ages, parents, caregivers, social workers, aid workers and teachers. It found:

- Almost all children and 84% of adults said that bombing and shelling was the number one cause of psychological stress for children
- Two-thirds of children have either lost a loved one, had their house bombed or shelled, or been injured as a result of the war, according to adults interviewed (some had suffered more than one of these traumatic events)
- 71% of interviewees said that children were increasingly suffering from frequent bedwetting and "involuntary urination" - symptoms of toxic stress and post-traumatic stress disorder (PTSD)
- 48% of adults said they had seen children who had lost their ability to speak or begun to suffer from speech impediments since the war began
- Nearly half of those interviewed said children "regularly or always have feelings of grief or extreme sadness"

Some 2.3m children have fled Syria, and at least three million children under the age of six have known nothing but war, the report says. Toxic stress can disrupt the development of the brain and other organs and increase the risk of addiction and mental health disorders in adulthood, said Alexandra Chen, a child protection and mental health specialist at Harvard University.

<http://www.bbc.com/news/world-middle-east-39188402>

6.2. Inheriting a sustainable world: Atlas on children's health and the environment (WHO)



This new edition is not simply an update but a more detailed review that takes into account changes in the major environmental hazards to children's health over the last 13 years, due to increasing urbanization, industrialization, globalization and climate change, as well as efforts in the health sector to reduce children's environmental exposures. Inheriting a sustainable world? Atlas on children's health and the environment aligns with the Global Strategy for Women's, Children's and Adolescents' Health, launched in 2015, in stressing that every child deserves the opportunity to thrive, in safe and healthy settings.

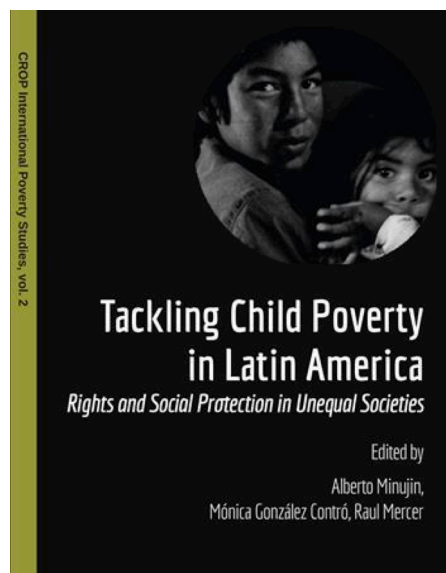
<http://www.who.int/ceh/publications/inheriting-a-sustainable-world/en/>



6.3. Tackling child poverty in Latin America

Rights and Social Protection in Unequal Societies

Edited by Alberto Minujin, Mónica González Contró, and Raul Mercer



This book highlights current debates about concepts, methods, and policies related to poverty in Latin America. It focuses on child and adolescent well-being and the issue of inclusive societies. Its goal is to promote new and critical thinking about these issues globally and in Latin America. The authors emphasize the need to develop new conceptual and practical avenues that can address the issues of poverty, marginalization, exclusion, and old and new inequalities in post-neoliberal times. The objective is to advance the rights of all children and adolescents in the region. This urgent book represents a unique opportunity for practitioners, policy makers, researchers, and students to get access to the most up-to-date perspectives on child poverty and inequality from a conceptual and practical point of view.

The core purpose of this book is to show that the debate on poverty in Latin America, specifically childhood and teenage poverty, must be part of a larger discussion involving justice, freedom, citizenship, identity, participation, and peace on a global level. It attempts to promote efforts in our region to generate our own line of thinking about social policy. Our focus is on lasting alternatives that are unconstrained by traditional views about social policy's formulation and implementation.

The current context shows us that the world may be experiencing its most severe crisis since the 1920s. Although income-related poverty has decreased in Latin America, particularly in comparison to other regions, this trend is both not sustainable and is less than expected considering the investments made. As a measurement of inequality in income distribution, the Gini index shows that inequality continues to prevail in the region. For children, poverty persists because of their lack of rights and the intergenerational transmission of poverty.

Human beings must be the protagonists of the decisions that affect them. Therefore, it is necessary to provide new definitions and context to citizenship. That is why it is so important for girls and boys to be recognized as full-fledged citizens. In doing so, it is vital to analyze public policies as part of a larger research and social mobilization effort that seeks to address the issue of inequality and improve children's standard of living.

In this context, the nature of child poverty and inequality in Latin America must be conceived of in a way that deepens the debates on the social determinants of exclusion and marginality. Incorporating reflections on how new and old inequalities articulate in the restriction of the rights and in the exercise of citizenship by boys, girls and teenagers (NNyA, as per the acronym in Spanish).

<https://cup.columbia.edu/book/tackling-child-poverty-in-latin-america/9783838209470>



6.4. Thirsting for a future: Water in a Changing Climate

Children suffer more than anyone from a change in climate. Their small bodies are vulnerable to changes in the air they breathe, the water they drink and the food they eat. For many children, a change in climate is felt through a change in water. To mark World Water Day, UNICEF has just released a new report linking climate change, water and children. The research shows that by 2040, around 600 million children will be living with extremely limited water resources. At the same time as water resources are strained, climate change threatens to destroy, contaminate or dry up water supplies. In times of drought or flood, in areas where the sea level has risen or ice and snow has unseasonably melted, children's lives are at risk, as the quantity and quality of the water they drink is under threat.



6.5. BMJ Pediatrics Open

Emeritus Professor Imti Choonara, Editor

We are pleased to announce the launch of a new fully Open Access journal, BMJ Paediatrics Open. This new publication is an official journal of the Royal College of Paediatrics and Child Health and will be a home for research, clinical reviews and protocols in all aspects of child health that is ethically and scientifically sound. Visit our website: <http://promotions.bmj.com/bmjpo/> Sign up for alerts: http://emails.bmj.com/k/Bmj/bmjpaediatricsopen_registration With the multidisciplinary nature of child health, the journal welcomes papers from all areas of health including surgery, public health, health care provision and qualitative research. Choose BMJ Paediatrics Open to publish your paper to benefit from:

*No Article Publishing Charge (APC) for initial publications submitted before 31st May 2017 (and those transferred from ADC until 30th June 2017)

*Quality assurance with trusted brands BMJ and RCPCH

*Continuous and rapid online publication on BMJ's platform

*Reach a global audience in a journal with a broad scope based on scientific integrity

Submit your paper today: <https://mc.manuscriptcentral.com/bmjpo>

We look forward to receiving your submissions, and remember to sign up for email alerts to be the first to learn about new content in BMJ and RCPCH's first paediatric-specific fully Open Access



journal.

6.6. Letter from WHO in Lancet – conflict of interest

Following the recent decision by the RCPCH to accept sponsorship from Breast Milk Substitute manufacturers, a letter was published in the Lancet from Dr Anthony Costello, Director of Maternal, Adolescent, Child and Newborn Health at WHO, with 4 leading WHO colleagues responding to the decision.

The full letter can be found at

[http://thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30277-5/fulltext](http://thelancet.com/journals/lancet/article/PIIS0140-6736(17)30277-5/fulltext)

Key quotes from the letter are:

‘The RCPCH decision contravenes the spirit and aim of the International Code of Marketing of Breast-milk Substitutes (also known as the International Code), adopted by the World Health Assembly (WHA) in resolution WHA34.22, and subsequent relevant WHA resolutions.’ and

‘The RCPCH decision creates clear competing interests. The International Code (article 7.3) and associated resolutions (WHA49.15 and WHA58.32) prohibit the acceptance by health workers of financial or material inducements (including contributions to fellowships and research grants for health workers, as well as contributions toward their participation in study tours or attendance at professional conferences) and call for avoidance of conflicts of interests.’ and in relation to the ability to assess donor’s compliance with the Code:

‘However, we firmly believe that health professional associations are not in a position, nor are they qualified, to assess and determine which companies comply with international policy and guidance documents related to the International Code.’ and finally:

‘The RCPCH has forfeited an opportunity to be a standard bearer and champion for children and young people globally and to exemplify implementation of the WHO International Code and Guidance.’

The response of the RCPCH is awaited. In the meantime we suggest that all paediatricians concerned with the sponsorship policies of their own paediatric associations should bring this strong letter to the attention of their leadership.