



CONTENTS

1. Introduction

2. Meetings and news

- 2.1 Why ISSOP Conference in Beirut 2019?
- 2.2 Update on air pollution
- 2.3 1st International Eurasian Congress of Social Pediatrics
- 2.4 XXIV Congress of the Spanish Society of Social Pediatrics
- 2.5 1st International Developmental Play Conference
- 2.6 IPA annual conference

3. International Organisations

- 3.1 Nick Spencer shares with us the role and importance of ISSOP
- 3.2 UNRWA is unveiling its 2019 program priorities and financial requirements

4. Current controversy

Screen Time Guidance

5. CHIFA report

CHIFA grows in supporting organisations and country representatives

6. Trainee report

Trainee Opportunity: We want to hear your voices!!!

7. Publications

- 7.1 Sponsorship by infant formula manufacturers
- 7.2 Antivaccination attitudes
- 7.3 Overdiagnosis and industry influence
- 7.4 Children under attack (UNICEF campaign)

1. Introduction

Welcome to the first e-bulletin of 2019. Due to some transient inconvenience we have reverted to the old format, apologies for this. The programme for the ground-breaking ISSOP conference in Beirut on conflict and child health is coming together with the assistance of many individuals and agencies from the region, and is shaping up to be extraordinarily powerful. Please make your reservations now and remember that you will not be allowed into Lebanon if you have an Israeli stamp on your passport – you will need to acquire a duplicate if this is the case.

In our controversy section we cover the vexed topic of screen time for children. All of us who are parents or grandparents know how difficult it is to limit the use of technology for pre-school children, those of school age and particularly for teenagers. Please share your views on this in the e-bulletin or on CHIFA where currently this topic is being discussed. And please check out Nick Spencer's video on the need for ISSOP! You can find other interviews from ISSOP members on the website, www.issop.org.

**Tony Waterston, Raul Mercer, Rita Nathawad, Gonca Yilmaz,
Natalya Ustinova, Nick Spencer, Charles Nwobu**



2. Meetings and news

2.1. Why ISSOP Conference in Beirut 2019?

Violence against children is ubiquitous in the modern world and can present in the family, in neighbourhoods, in countries and between countries.

So the next ISSOP conference in Beirut, Lebanon, will mark a milestone in allowing debate and reflection on the consequences of armed conflicts on children's health, and how to prevent it.

The poster for the ISSOP 2019 Annual Meeting is titled "International Society for Social Pediatrics & Child Health". It lists collaborators: Faculty of Health Sciences, American University of Beirut; International Society for the Prevention of Child Abuse and Neglect; and The Lebanese Pediatric Society, Faculty of Medicine, Saint Joseph University, Beirut. The meeting dates are September 25-28, 2019. A special theme is "Children in Armed Conflict: 'Rights, Health and Wellbeing'", hosted by the American University of Beirut and Saint Joseph University in Beirut (preconference). The poster is divided into two main sections: "Top Reasons to Attend" and "Major Topic Areas".

Top Reasons to Attend

1. Learn about the determinants of armed conflict and its impact on the physical and psychosocial health of children.
2. Learn how colleagues and organizations respond to the challenges these children face through their journeys from countries of origin through transit and resettlement.
3. Join child health professionals in discussing how to protect, and advocate for the rights of children in armed conflict.
4. Connect with national and global organizations engaged in the response to the global epidemic of violence against children.

Major Topic Areas

- Evidence-based universal, targeted and indicated interventions in children affected by armed conflict.
- Building interdisciplinary systems of care through the journeys of children on the move, and their families.
- Advancing the rights of children.
- Conducting research in conflict zones. New epidemiological methodologies.
- Conflict resolution, intergenerational justice and reintegration of former "child soldiers".
- Engaging with International organizations in the global response.

Logos for ISSOP, ISPCAN, and AUB are present. Registration information: Early bird rate until June 30, 2019; Abstract submission until July 28, 2019. Visit www.issop.org to check for updated information.

We know that wars are not good for health, but everything indicates that the interests of perpetuating conflicts, to sustain the armaments industry and the destruction of goods and human lives, exceed the basic sense of respect and guarantee of rights, particularly of children. It is not a coincidence that among the largest victims of armed conflicts is the civilian population, and within it, women and children.

Hence, it is not enough to denounce those aberrant situations that threaten human lives, it is not enough to transmit the distorted news, and it is not enough to show compassion in front of harmful images. For this reason, the community of social paediatrics invites professionals linked to childhood health to participate in this event to reflect jointly on how to incorporate science into consciousness, to eradicate adversity from the spaces of childhood.

According to the Sustainable Development Goals, it is not possible to achieve health in the world if peace is not guaranteed as a necessary but not sufficient condition. Hence the importance of considering the ISSOP conference and possible referrals to advocate for children's rights.

During the event, doors will open for knowledge from different perspectives: research, public health, rights promotion, advocacy for children, SDGs, and the involvement of the professional community to promote better and respectful environments for children. We hope you will join us in Lebanon.

RM & TW



2.2 Update on air pollution

The first **WHO global conference on air pollution and health** was held in Geneva last month and you can read about it here

<https://www.who.int/airpollution/events/conference/en/> and view some short videos made by WHO here <http://breathelife2030.org/news/breathelife-videos/>

For those of us living in cities, the chief cause of pollution is caused by motor vehicle exhausts and particularly by the particulates from diesel engines. Many cities are introducing low emissions zones and charging polluting vehicles for entering these zones. Other cities are introducing no car zones outside schools during the school run – Hackney in London is a good example

<https://www.hackney.gov.uk/school-streets>

In the UK, doctors are campaigning against diesel engines

<https://www.medact.org/project/doctors-against-diesel/>

and the Royal College of Paediatrics and Child Health has highlighted the damage done to children's health by motor traffic

<https://www.rcplondon.ac.uk/projects/outputs/every-breath-we-take-lifelong-impact-air-pollution>

Remember, there is something that every one of us can do to combat air pollution and that is swap the car for our feet, a bicycle, or the train or bus. Please write in to the e-bulletin with your news about how your organisation/your country is combating air pollution from motor traffic!

Tony Waterston

2.3 1st International Eurasian Congress of Social Pediatrics (November 28th-December 1st, 2018) Dedeman Bostancı Hotel & Convention Center, Istanbul.

Held jointly with the 5th National Congress of the Turkish Society for Social Pediatrics, this international congress of Eurasian social pediatricians represented a significant initial step in the formation of an active regional social pediatric group encompassing Turkey, which straddles Europe and Asia, and Central Asian and Indian sub-continent countries.

The Congress opened with a moving video message from one of the founders of Turkish social paediatrics, Professor Olcay Neyzi on the history of social pediatrics in Turkey which complemented my presentation on the history of social pediatrics globally. Professor Sarah Blunden from Adelaide, Australia, gave a fascinating presentation on infant sleep interventions and this was complemented by a later presentation by Professor Perran Boran on her work on early childhood sleep problems. Peripartum depression and infant brain development was addressed by Professor Atif Rahman from Liverpool, UK whose research focuses on prevention and management of



perinatal depression particularly in low and middle income countries including Pakistan. His innovative community-based approach has been supported and promoted by WHO as an intervention entitled “Thinking Healthy Programme”.

Translation of the manual of this programme into Turkish was realized by Professor Perran Boran and the manual was published by the Marmara University Press, listed as the only translation on the official website of WHO. A two-day pre-congress workshop on training of the trainers on Thinking Healthy Programme was held by Prof Rahman and Najia Atif. An innovative community-based approach also underpinned Professor Mitch Blair’s presentation on a project aimed at improving early childhood care in North West London. Professor Blair emphasized the need of educating parents on basic health care principles of the children.

Immunization is among the most important public health preventive programmes. A Congress session was devoted to addressing key issues in the delivery of these programmes. Professor Gulbin Gokcay discussed the challenges to successful programmes. Breast feeding provides protection through infancy and has benefits for health across the life course. Dr Rukhsana Haider presented her experience of promoting exclusive breastfeeding among working mothers in Bangladesh and Dr Nalan Karabayir from Turkey showed how breastfeeding can be promoted even infants with significant illness problems.

In a session on early childhood development, Professor KadriyeYurdakok discussed the epigenetic effects of child abuse and neglect and Professor Gonca Yilmaz addressed global perspective on early childhood interventions with particular reference to the Nurturing Framework adopted by WHO & UNICEF. Young researchers from the thriving Turkish social pediatric academic units were given the opportunity to present their projects in research counselling sessions in which advice on methodology and publication was offered.

In addition to the excellent scientific and social programme, the Congress ethical sponsorship policy was notable. Exhibitors were companies marketing products of proven value to the health of child populations. The success of this policy was proof that ethical sponsorship is a viable option for pediatric conferences.



(NT: social paediatricians always smile)

Nick Spencer - Gülbin Gökçay



2.4 XXIV Congress of the Spanish Society of Social Pediatrics



The Spanish Society of Social Pediatrics (SEPS), is a non-profit society, which provides comprehensive care to children and adolescents, not only deals with the physical or biological aspects of the disease, but also addresses psychological aspects and social problems that are often the cause or

consequence of diseases and aggravate them. From our Society, we defend and promote the rights of children and we try, that all institutional and professional actions are oriented from a rights perspective. Participation, provision and protection are three fundamental axes of the Convention on the Rights of the Child.

It is important for us to know and disseminate the current advances in neuroscience that speak, among other things, of brain development and its relationship with good or bad treatment of childhood and cooperation between different institutions (school, health, mental health, social services, judicial system). For this reason, the SEPS is open to other sectors, and part of it is not only pediatricians, but also nurses, teachers, social workers and psychologists. Thus, all the resources of the community are made available to the child and adolescent population, common action protocols are proposed and situations of institutional abuse are avoided.

The next Congress of this society to be held in **Logroño on March 29 and 30, 2019**. The themes that are going to be treated during the same are very varied: the good treatment, the well-being of the childhood, the rights of the childhood, the laws of protection of the childhood, the promoter school of values and of health, the adverse effects of violence, abuse and neglect in the environment of children, gender violence, poverty, school bullying, emotional education, chronic diseases in childhood and adolescence, palliative care, child and adolescent suicide, obesity and its repercussions, networks social, leisure time management.

In short, we intend to make known that childhood and adolescence, in addition to a future has a present and a great potential. In this present, it is important the participation of children and adolescents to help us analyze the different problems with which they face and their possible solutions, in this way we can build "together" a society and a better future.

María Luisa Poch Olivé
Pediatrician. Member of the SEPS
President of the XXIV Congress of the SEPS. Logroño, 2019

More information: <http://www.congresoseps.com/>
http://www.congresoseps.com/docs/programa_preliminar_congreso_seps_2019.pdf



2.5 1st International Developmental Play Conference

CALL FOR PRESENTATIONS - join us at 1st International Developmental Play Conference in Manila 26th - 27th April 2019. All the information is now live on our website so log in and sign up - www.developmental-play.com/conferences. The focus for the 1st International Developmental Play Conference on children at risk and from poorer communities. Participants will come to Manila from the health, education and welfare sectors from across the globe, positioning Asia as a key player. At the conference, experts and play practitioners will showcase why play matters and how we can best support children through play. We will explore play practice for children who are differently abled, who have experienced trauma, and who are living in poverty.

More information: <https://www.developmental-play.com/conferences>

2.6 IPA annual conference



It is our pleasure to invite you to join us at the 29th International Pediatric Association Congress. The IPA 2019 Congress will be held March 17 – 21, 2019 in beautiful Panama City, Panama

in the year of this vibrant city's Quincentennial Celebration!

The IPA 2019 Congress will address progress within the context of the sustainable development goals for child health. In alignment with the congress theme "Partnerships for Children" it will advance the IPA Mission that "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 IPA will work with professional associations and all others willing to add their strengths to advocacy, education and programming on behalf of children."

The IPA 2019 Congress will deliver an outstanding scientific program, meaningful networking opportunities and memorable cultural experiences to upwards 4000 delegates from 120+ countries. We look forward to welcoming you to Panama! Sincerely,

Prof. Zulfiqar Bhutta, President, IPA Canada - **Dr. William Keenan**, Executive Director, IPA, USA - **Dr. Errol Alden**, President Elect, IPA USA - **Dr. Mariana Lopez**, Congress Chair, IPA 2019 Panama - **Prof. Olle Söder**, Scientific Co-Chair, IPA 2019 Sweden - **Dr. Iván Wilson**, Scientific Co-Chair, IPA 2019

Social Pediatrics in IPA Congress: Save this date and come to the workshop!!

SUNDAY, MARCH 17, 2019 <https://www.ipa2019congress.com/schedule>

WORKSHOP (6) - VIOLENCE AGAINST CHILDREN: RECOGNITION, RIGHTS, RESPONSES

Faculty: Shanti Raman, Barbara Rubio, Susan Bennett, Jeff Goldhagen, Rajeev Seth, Tufail Mohamad, Paul Hotton, Raúl Mercer, Ernesto Duran.



3. International organisations

3.1 Nick Spencer shares with us the role and importance of ISSOP

To meet Nick Spencer click the following link:

<https://vimeo.com/user33046253/review/311689732/8eb2a1c875>

Raul Mercer

3.2 UNRWA is unveiling its 2019 program priorities and financial requirements.

2018 - UNRWA Meets the Challenge

As you know, last year UNRWA faced its greatest financial challenge in its history. The abrupt loss of \$300 million – one quarter of its total funding requirement for the year – from the Agency's largest donor called into question the very existence of UNRWA.

Thanks to the support of UN Secretary-General Guterres, and the contributions of many member states and institutions, UNRWA was eventually able to completely close its funding gap. The agency opened its 711 schools on time, our health clinics served three million patients, and over 1.5 million people received life-saving emergency assistance. No other humanitarian organization has ever accomplished such a feat under such extraordinary budget circumstances.

Overall, forty countries and institutions increased their contributions to UNRWA, representing every regional grouping of the UN General Assembly. Broadening the 2018 donor base was important; however, UNRWA's shortfall of \$446 million would have reached \$538 million if the agency had not also imposed additional rigid cost controls to our 2018 budget and expenditures. This meant cutting refugee staff in Gaza who no longer have access to livelihoods, eliminating community mental health in the West Bank; and reducing cash and food assistance to needy families, among other measures.

2019 - UNRWA Budget and Objectives

Make no mistake about it, UNRWA does not consider the funding crisis as resolved. In 2019 the agency will continue its effort to demonstrate to donors the value of their additional support as well as seek new donors. Today UNRWA's Commissioner-General, Pierre Krahenbuhl, launched the 2019 budget seeking \$1.2 billion, the same level of funding the Agency mobilized and spent in 2018.

\$1.2 billion will allow UNRWA to:

- Educate 535,000 boys and girls in 715 schools and provide vocational and technical training to 8,000 Palestine refugee youth;
- Provide primary health care to 3.5 million refugees through 147 health clinics;



- Distribute food to more than one million destitute refugees in Gaza;
- Provide cash assistance to 450,000 Palestine refugees affected by the Syria conflict, inside Syria and in Lebanon and Jordan; and
- Provide social safety net support to over 250,000 abject poor refugees who are unable to meet their basic food needs.

For its part, UNRWA will continue to find ways to control rising costs due to natural population growth, deteriorating humanitarian conditions, and cost of living increases. Austerity measures and program cuts from 2018 remain in place, and UNRWA will continue its ongoing systemic reforms to its education and health services and begin to implement reforms to its relief and social services programs.

To remember what UNRWA is all about see a **short video** celebrating our students and keeping UNRWA's schools open. <https://www.youtube.com/watch?v=wxwecl1IXPs>

Occupied Palestinian Territory Emergency Appeal 2019

https://www.un.org/unispal/wp-content/uploads/2019/01/UNRWA2019APPEAL_290119.pdf

Thank you for your ongoing interest and support of UNRWA. While these are indeed challenging times, UNRWA is meeting its mandate to provide Palestine refugees with critical services and stability, fostering conditions that support the international community's search for peace.

Elizabeth Campbell
Director

Washington representative office | [unrwa](https://www.unrwa.org)
t +1-202-847-4355 m +1-202-569-1375 | e.campbell@unrwa.org



4. Current controversy

Screen time guidance

Is screen time damaging to children? This seems to be a controversial topic. Here is one recent article accessed on the internet:

<https://www.verywellfamily.com/the-negative-effects-of-too-much-screen-time-1094877>

‘Children between the ages of 8 and 18 average 7 ½ hours of entertainment media per day, according to a 2010 study by the Henry J. Kaiser Family Foundation.

But it's not just kids who are getting too much screen time. Many parents struggle to impose healthy limits on themselves too. The average adult spends over 11 hours per day behind a screen, according to the Kaiser Family Foundation. So it's important to understand how too much screen time could be harming everyone in the whole family.

The Negative Effects of Too Much Screen Time

Whether you keep the TV on all the time or the whole family sits around staring at their smartphones, too screen time could be harmful. Here's what some of the research says:

- **Obesity:** Too much time engaging in sedentary activity, such as watching TV and playing video games, can be a risk factor for becoming overweight.
- **Sleep problems:** Although many parents use TV to wind down before bed, screen time before bed can backfire. The light emitted from screens interferes with the sleep cycle in the brain and can lead to insomnia.
- **Behavior problems:** Elementary school-age children who watch TV or use a computer more than two hours per day are more likely to have emotional, social, and attention problems. Excessive TV viewing has even been linked to increased bullying behavior.
- **Educational problems:** Elementary school-age children who have televisions in their bedrooms do worse on academic testing.
- **Violence:** Exposure to violent TV shows, movies, music, and video games can cause children to become desensitized to it. Eventually, they may use violence to solve problems and may imitate what they see on TV, according to the American Academy of Child and Adolescent Psychiatry.’

On the other hand, according to a Guardian report

<https://www.theguardian.com/technology/2018/may/31/how-much-screen-time-is-too-much-for-kids-parents-advice-children-digital-media>

‘Another study from December by the University of Michigan on people aged four to 11 similarly found that “how children use the devices, not how much time they spend on them, is the strongest predictor of emotional or social problems connected with screen addiction”. But the authors said that concern over a child’s screen use is



warranted when it leads to poor behaviour, loss of interest in other activities, family or social life, withdrawal, or deception.'

The RCPCH came out recently with new guidelines which I must say, surprised me <https://www.rcpch.ac.uk/resources/health-impacts-screen-time-guide-clinicians-parents>

The key messages are

The evidence base for a direct 'toxic' effect of screen time is contested, and the evidence of harm is often overstated. The majority of the literature that does exist looks only at television screen time.

Evidence is weak for a threshold to guide children and parents to the appropriate level of screen time, and we are unable to recommend a cut-off for children's screen time overall.

Many of the apparent connections between screen time and adverse effects may be mediated by lost opportunities for positive activities (socialising, exercise, sleep) that are displaced by screen time.

However the AAP has much stronger guidelines:

<https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/American-Academy-of-Pediatrics-Announces-New-Recommendations-for-Childrens-Media-Use.aspx>

For children under two, media use should be very limited and only when an adult is standing by to co-view, talk and teach

For children two to five, limit screen use to no more than one hour a day. Choose media that is interactive and non-violent, educational and pro-social.

And just this week a new study has come out in JAMA Paediatrics reported here by the BBC <https://www.bbc.co.uk/news/health-47026834>

This questionnaire study carried out in Canada showed that two year olds watched screens for an amazing 17 hr a week. Increased screen time was linked with developmental delay in language and sociability skills. It was challenged by the RCPCH and others for the small effect size and lack of specificity.

So where does this leave us? It is unfortunate that leading paediatric organisations have not reached a consensus but there does seem to be enough evidence for parents to want to limit their young children's screen time and use it for its educational benefits rather than for babysitting – which is undoubtedly tempting.

The task for parents is difficult and we need clear guidance which is consistent and positive. Please send in your comments for publication in the next issue!

Tony Waterston



5. CHIFA Report

CHIFA grows in supporting organisations and country representatives

CHIFA is a global campaign, professional network and discussion forum which addresses the information and learning needs of those responsible for the care of children in low- and middle-income countries, including mothers, fathers and family caregivers as well as health workers. Its remit includes children's rights to health and healthcare and the social determinants of health. **CHIFA's** vision is a world where every health worker, every parent and every child has access to the health information they need to protect their health and the health of children for whom they are responsible. **CHIFA** over this past year has seen much growth in its supporting organizations and Country representatives. There are now 26 organisations worldwide supporting the **CHIFA** vision. **CHIFA** is also happy to announce that early this year the American Academy of Paediatrics joined our organization.

The full list of our Supporting organisations is available here:

<http://www.hifa.org/forums/chifa-child-health-and-rights/supporting-organisations/10>

Every new CHIFA Supporting Organisation moves us closer to our goal. Meanwhile CHIFA now has about 71 Country Representatives and have succeeded in having representation in countries not included in the past such as Lesotho, Morocco, Iran and Greece.

If your organisation would like to express your support or you would like to become a CHIFA Country Representative please contact me as CHIFA desk officer, Charles Chineme Nwobu: charles@hifa.org

Charles Nwobu

6. Trainee report

Trainee Opportunity: We Want to Hear your Voices!!!

At the beginning of the year, the World Health Organization published ten threats to global health for 2019 (<https://www.who.int/emergencies/ten-threats-to-global-health-in-2019>). As social pediatricians, these issues are surely relevant to our aim of optimizing child health and well-being across the globe. Below is a summary of these ten threats, we are requesting ISSOP trainees to submit commentary on one or more of these threats for publication in the upcoming e-bulletins of 2019. Let us know how you feel this issue impacts child health locally or globally, what you see as your role as a social pediatrician and/or your work in this area. Please share this opportunity with your colleagues and other trainees, as we would love to hear from you! Please send pieces to rita.nathawad@jax.ufl.edu



- 1) **Air Pollution and Climate Change** kills 7 million people prematurely every year. Air pollution from the burning of fossil fuels is a major contributor to climate change. Climate change increases deaths related to malnutrition, infectious diseases, dehydration and natural disasters. At our current rate of consumption, the world is on a course to warm by more than 3 degrees Celsius in this century.
- 2) **Non Communicable Diseases** include conditions such as heart disease, diabetes, cancers and mental health issues. Due to risk factors such as tobacco, drugs and alcohol, unhealthy food options, lack of physical activity and air pollution, these conditions are on the rise. Mental illness is also on the rise, with suicide being the second leading cause of death among 15 to 19 year olds.
- 3) There is an ongoing threat for a **Global Influenza Pandemic**. There is ongoing global surveillance and response. Partnerships and strong collaboration will be necessary to protect the world's most vulnerable citizens in the event of such a disaster.
- 4) **Fragile and Vulnerable Settings** exist around the world. These are places where crises are ongoing in the form of natural disasters, famine, conflict and limited resources. These issues are further compounded by lack of health services. Policy must support and protect those at highest risk.
- 5) **Antimicrobial Resistance** or the ability of pathogens to resist medications used to kill and eradicate them is worsening. Our toolkit of medications to treat conditions such as tuberculosis, malaria and bacterial pneumonias is becoming narrower over time due to overuse and inappropriate use of certain drugs. A global action plan is necessary to promote awareness of this issue and encourage proper use of antimicrobials.
- 6) **Ebola and High threat pathogens** have a major impact on public health. As an example, the 2018 Ebola outbreak in the Democratic Republic of Congo demonstrates the devastation and challenges these pathogens can have. Further research in preparedness for health emergencies and effective treatments and vaccines for such situations are critical.
- 7) **Weak Primary Health Care** limits our ability to prevent disease and illness. Strong relationships between health centers and the community are a way to promote optimal health and well-being. Health care is a right and we must commit to universal health coverage.
- 8) **Vaccine Hesitancy** or the refusal to vaccinate despite the availability of an established preventive vaccine has given rise to infectious outbreaks around the world. We have seen an increase in measles cases globally (30% increase). Vaccines currently prevent 2-3 million deaths a year and have the potential to save millions more. In order to protect ourselves from these potentially fatal infections we must identify the root causes of vaccine hesitancy and identify solutions to the problem.
- 9) **Dengue** is a mosquito-borne disease that can be lethal in up to 20 % of those infected. Climate change and other environmental factors have prolonged the seasonality and increased the number of cases over time.
- 10) Nearly a million people die every year due to **HIV/AIDS**. Despite the availability of effective treatment strategies, many are not treated. Innovations such as self-testing and pre-exposure prophylaxis (PrEP) have contributed to improvements. Unfortunately, many groups at highest risk continue to lack access to these and other prevention and treatment options.

Rita Nathawad



7.1 Sponsorship by infant formula manufacturers

New developments this month have cast doubt over the future funding arrangements of the RCPCH in relation to sponsorship by infant formula manufacturers (IFM). The change has come about following a furore in relation to sponsorship of a joint RCPCH-Egyptian paediatric conference in Cairo by three IFMs, together with programme talks on allergy as discussed in the article above. The resultant embarrassment for the RCPCH was highlighted in an article in the Guardian

https://www.theguardian.com/global-development/2019/jan/28/british-child-health-experts-under-fire-over-baby-milk-sponsorship-royal-college-of-paediatrics?CMP=Share_iOSApp_Other

Initially in a statement on their website the RCPCH attempted to deflect the criticism which was also linked with incorrect programming giving the impression that the meeting was supported by IBFAN (International Baby food Action Network)

<http://www.babymilkaction.org/archives/20011>

As the pressure ramped up the RCPCH has caved in and called for a review of its sponsorship arrangements whilst still indicating their intention of building new deals in future.

<https://www.rcpch.ac.uk/news-events/news/rcpch-statement-future-funding-agreements-formula-milk-companies>

However this is only the beginning of the end for formula sponsorship by the RCPCH and campaigners plan a further motion at the AGM which will be in May.

Tony Waterston

7.2 Anti-vaccination attitudes

A recent paper in Social Science and Medicine shows that low knowledge about autism is associated with thinking that one knows more than experts, that over-confidence is associated with anti-vaccine policy attitudes, and is also associated with support for non-experts' role in policy making. This is an unfortunate finding as it is not clear that just providing more accurate information will make a difference. The problem seems to be that non-experts have attained a role to rival experts in some people's minds, though hopefully still a minority. My own view is that there is nothing to beat a personal conversation between a parent and an informed health professional, in relation to vaccination decision making, to help parents to come to a balanced decision. If this is not possible then a discussion should be offered to those with doubts.

<https://www.sciencedirect.com/science/article/pii/S027795361830340X>

Tony Waterston

7.3 Overdiagnosis and industry influence: how cow's milk protein allergy is extending the reach of infant formula manufacturers.

BMJ 2018 363. Chris van Tullekan <https://www.bmj.com/content/363/bmj.k5056?sso>

This article provides further evidence of the damage being done to breastfeeding by the influence of the baby food industry. Between 2006 and 2016, prescriptions for specialist formula for cow's milk protein allergy increased by nearly 500% with no evidence that there has been a real increase in prevalence.



The article points out that ‘Much patient and medical education around CMPA is provided by bodies that may seem to be independent but that receive funding from the formula industry. As well as Allergy UK, these include the British Society for Allergy and Clinical Immunology (BSACI, the UK’s professional society of allergists), which accepts £100 000 a year from the formula industry, and the Allergy Academy, a collaborative initiative run from the Child, and Adolescent Health and now a professor of child health at University College London, calls for RCPCH to be independent. “When the profession has conflicts of interest, whether personal or institutional, they create a form of ‘political violence’ within institutions which appear independent, even nurturing. In the UK we have one of the lowest breastfeeding rates in the world,” he says. “The WHO code is not enforced strongly in British law so we need the royal college to stop accepting money from industry and defend the global codes set up to try to protect mothers. “Without independent leadership by professional bodies, such as the RCPCH, it is hard to see the situation improving. If paediatricians betray the spirit of the code then we can’t expect more from industry.”’

In an accompanying editorial, the editor of the BMJ Fiona Godlee writes: Disentangling ourselves from ‘Big Formula’ <https://www.bmj.com/content/363/bmj.k5146>

‘The story has all the hallmarks of overdiagnosis fuelled by commercial interests. To tackle this we will need experts who are free from department of paediatric allergy at King’s College London, which provides education on allergy to healthcare professionals and patients and their families, and is sponsored by formula manufacturers Abbott, Mead Johnson, and Nutricia.’ The article also describes the extent to which industry funding influences medical education and the advice and guidance given by the medical establishment. One such organisation is the Royal College of Paediatrics and Child Health, referred to in the paper by Anthony Costello:

‘Anthony Costello, former director of WHO Maternal financial conflicts to decide on tighter diagnostic criteria, draw up independent clinical practice guidelines, and deliver unbiased medical education. We also need clinicians and professional bodies to disentangle themselves from industry and to give their unconflicted support to breastfeeding.’

What more can one say?

Tony Waterston

7.4 Children Under Attack (UNICEF Campaign)

Children are coming under attack in conflicts across the world. We can’t accept this as a ‘new normal’

The number of countries with violent conflicts is the highest it has been in the last 30 years. One in four children live in countries affected by conflict or disaster. As of early 2018, nearly 31 million children have been forcibly displaced by violence and conflict, including 13 million child refugees and more than 17 million inside their own countries. Attacks on children continue unabated. From Afghanistan and the Central African Republic to South Sudan and Syria, warring parties are flouting one of the most basic rules of war: the protection of children.

<https://www.unicef.org/children-under-attack#hac2019>