

Reflections and Learnings from the 2025 Congress of the International Association for Developmental Pediatrics in Guatemala

By: Anahí Venzor Strader, MD, MMSc

"Let everyone rise, let no one be left behind, let us not be one or two of us, but all."

– Popol Vuh

Rarely has a phrase captured the spirit of an event as well as one from the Popol Vuh, the sacred text of the Maya K'iche people, did at the IDPA 2025 Congress. For me, attending the event for the first time, it was clear from the start that the philosophy of equity and solidarity was not a ceremonial ornament but the very heart of the gathering. Although it is a meeting focused on developmental pediatrics, to me it felt like a social pediatrics congress in the best sense. Very few times have I seen a space in child health so aware of the systems, policies, structural forces, history, culture, languages, and traditions that shape the lives of children. From discourse to practice, the congress placed Equity of Opportunities for Indigenous and Marginalized Children at the very center of its design and execution.

Perhaps this reflects a growing awareness in our field that biomedicine, no matter how advanced technologically, cannot guarantee health—and even less equity—without strong social protection systems. Or maybe it is because early childhood is the stage where the interweaving of biological, psychological, and social factors becomes most evident. What happens during those first years, and the consequences that unfold throughout life, illustrate powerfully how social injustice imprints itself on the body and translates into pathophysiological processes.

The IDPA 2025 Congress, held for the first time in the Americas, brought together more than 450 delegates from 40 different countries in all inhabited continents. It was four days full of learning, challenging conversations, inspiration, solidarity, and innovation. In the halls and corridors, a revolutionary spirit expanded our collective imagination. Multidisciplinarity, diversity, and inclusion were not decorations but guiding principles. Participants included not only health professionals but also experts in education, physiotherapy, anthropology, public policy, and other essential areas for understanding early childhood in its entirety. The idea that we need all disciplines to build true equity of opportunities was clearly manifested. Furthermore, the event was entirely bilingual, ensuring accessibility and inclusion.

From the first plenary session, inspiration was palpable. Dr. Scott Wright presented *The Magical Impact of Humanizing Care*, a talk that emphasized the importance of storytelling, curiosity, empathy, compassion, and of being truly present to connect with the person in front of us. He invited us to reject narratives, actions, and protocols that dehumanize care, especially in

hospital settings, and to incorporate a “dose of magic” into our work: communicating in ways that accommodate each patient’s needs, offering genuine time and attention, designing more comfortable and convenient spaces, and aligning institutional and policy priorities with a true focus on health value.

The focus on Indigenous and marginalized children was evident and experienced by everyone present. There was significant representation of Indigenous delegates, especially from Guatemala. The Maya ceremony, art, knowledge, presentations, and interventions in different Indigenous languages demonstrated admirable coherence between discourse and practice. One of the central themes was the importance of mother tongues for equity. Siobhán Fitzpatrick shared a Gaelic saying that states that without your own language, you have no soul. Nataly Domico, from the Embera community in Colombia, expanded on this idea and reminded us that Indigenous languages not only communicate but sustain worldviews and epistemologies. She also noted that her community and other Indigenous cultures in South America have recognized for centuries the importance of the first thousand days, as in their cosmovision life begins at conception, or even before. This is not a recent discovery of modern neuroscience but an ancestral truth already known. As she said: “*Indigenous elders may not have doctorates, but they have their own science.*”

In line with this, Dr. Waleska López, a Maya Kaqchikel physician and chief medical officer of Wuqu Kawoq, reminded us in her amazingly moving plenary session that there is no neutral or universal knowledge. All knowledge arises in relation to the social environment and the experiences of those who generate it. She insisted on a fundamental emancipatory message: marginalized communities are not mere recipients of interventions but co-creators of well-being, holders of valuable knowledge, traditions, and processes. This resonated with Nataly’s distinction between food security and food sovereignty—the latter understood as the ability to exercise governance over food systems, beyond simply having access to nutritious food.

Another important axis of the congress was the rights of children in crisis and conflict situations. Dr. Ramzi Nasar and Dr. Selamenesh Tsige shared reflections on Gaza and Ethiopia that were deeply moving. Their messages confronted us with the reality that, within the dynamics of today’s global economy, many of us are indirect beneficiaries of structures that perpetuate wars and inequality. I recall one of IDPA’s founders telling me in an elevator that she never imagined seeing the term “extractivist capitalism” in a presentation on child development, but was immensely glad to see it named. This acknowledgment matters because it forces us to recognize that child health is inseparable from sociopolitical forces. Furthermore, that awareness alone is not enough; it calls us to act by challenging policies that enable violence, supporting initiatives that protect children in conflict zones, and ensuring our professional choices do not reinforce harmful systems.

In the panel I participated in on early diagnosis and intervention, we called for recognizing early childhood as a pillar of equity and social justice. For me, it was essential to question the narrative that blames families for suboptimal developmental outcomes. It is not that they do not

know, cannot, or do not want to give their children the best tools they can. It is the structure they're standing on that fails. Many families and communities live on unstable ground shaped by dehumanizing forces such as extractive capitalism, racism, and gender inequality. Our solutions need to go beyond the superficial and address the root causes, to create solid structures on which parents and caregivers can focus on giving their children their best. These strategies include parental leave policies, women empowerment, universal healthcare, and others. As María Lucía Mesa from CAF Bank pointed out, we need to imagine, design, and build *labyrinths* of social protection that shield children from intersectional forces such as geopolitical conflicts, climate change, migration, and ethnoracial discrimination.

The importance of public policy was made clear by Dr. Helia Molina, a federal deputy from Chile, who described the experience of Chile Crece Contigo. She emphasized the need for early childhood programs to have legal backing that guarantees resources and continuity despite political changes. For this, those of us working in early childhood must develop the ability to clearly communicate the relevance and cost-effectiveness of investing in this stage. Beyond securing budgets, this is about framing early childhood as a societal priority that transcends partisan agendas. When we succeed in doing so, we create the conditions for structural change that supports families rather than leaving them to navigate systemic inequities alone.

Ultimately, the congress reminded us that caring for children means caring for the world they inherit, and that responsibility belongs to all of us. The almost unanimous strength of the messages and the tone of solidarity that permeated every session made this gathering profoundly special. In a historical moment marked by disconnection, polarization, and fragmentation, safe spaces to share emancipatory and innovative ideas are not only necessary but radical, nourishing, and transformative. I want to close by acknowledging Dr. Peter Rohloff, the congress president, for his sustained commitment to child health equity and the vision behind this gathering, as well as the many individuals who made it possible—from speakers and organizers to facilitators and technical staff, whose hard work shaped the experience throughout.