

ISSOP e-Bulletin N°61

January 2023



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1. Introduction

Dear readers, welcome to the first e-bulletin of 2023 and good wishes for a productive and joyful year. This month we have features on immigration or movement from Japan, USA and Gaza and none are optimistic – if you have some positive country or local experience on migration and child health, please send it to us!

Please note the date of the first ISSOP African congress being organized with the Kenya Paediatric Association in April. This is our chance to build links across Africa with a special focus on climate change so please join us. There will be internet connections and virtual breakout rooms.

And: early warning of a face to face ISSOP meeting in Europe in November, in beautiful Valencia – details coming soon – at last a chance to meet in person! Other articles this month cover the IPA conference in India, where ISSOP has a special pre-meeting on child labour, and the ‘strange endurance of corporal punishment of children’ – a review of a recent Lancet child and adolescent health paper which includes the memorable words *‘Yet, for a cultural practice that remains ubiquitous, research into the effects of corporal punishment is almost entirely uniform in its agreement that the practice does not work and has enduring negative effects on children. By some measures, 80% of children annually receive some form of corporal punishment from their parents, despite the overwhelming evidence that it is at best ineffective, and probably actively harmful...’* Surely, in the 21st Century we can come together to advocate the end of corporal punishment in both school and home? Reports from ISSOP members on progress in your country will be most welcome, write to us at the address below!

Tony Waterston, Raul Mercer, Rita Nathawad, Natalia Ustinova, Gonca Yilmaz, Fernando Gonzalez. Colleen Kraft, and Hajime Takeuchi.



**We now have an email address,
please use it to send your
contributions, make comments
or respond to our requests!**

editor@issop.org

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1.1 Message from Jeff Goldhagen – President of ISSOP

Dear colleagues and friends, as we move into the new year, it is a poetic time to consider priorities for the upcoming months. Toward this end, we will be reaching out to you to better understand your priorities for your work and that of our organization we share. We have focused a great deal on global issues impacting children over the past several years. While we must continue to do so, we have heard from a number of colleagues that perhaps we have neglected the “bread and butter” social paediatrics issues we face every day in our practices and communities.

In order to respond to the breadth of these issues, we will need your ongoing participation. ISSOP has always been a horizontally structured organization—we depend on the wisdom, knowledge, experience, passion, and energy of our members. This has been a great strength of our organization, and its greatest challenge. In addition to engaging current members, we will need to broaden our membership base and participating individuals. We have had great success in this regard with the engagement of colleagues across the continents in our research collaborative, climate change and other webinar series, and advocacy initiatives. At a minimum, this year we will launch endeavours related to the needs and rights of street and working children and the impact of climate change and the environment on children—in particular in Africa. To succeed we will need to continuously engage others in our efforts.

So, allow me a moment, on behalf of all of us, to thank-you and congratulate you on all that you have accomplished on behalf of the local and global health and well-being of children. We should never underestimate these accomplishments--nor can we ever be satisfied. I look forward to 2023 with great expectations and the promise you bring to advance the rights of children—everywhere.

Jeff

2. Meetings and news

2.1 ISSOP Conferences in 2023

ISSOP will be convening three significant conferences this year in collaboration with key partners to advance the practice of Social Paediatrics and Child Rights.

In February (19-23), in collaboration with ISPCAN, and I-CANCL, we will be launching a new global initiative on *Advancing the Needs and Rights of Street and Working Children*. The launch will happen at a pre-conference to the International Paediatric Association meeting in Gandhinagar, India. Topics to be addressed include:

- *Street and Working Children: Where are we now?*
- *Health issues of Street and Working children*
- *Elimination of child labour in the 21st century*

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- *Change Makers: Voices of Hope and Resilience*
- *Street and Working Children-Regional perspectives*
- Round Table: Child rights response for child health professionals

Unfortunately, virtual attendance will not be possible. We welcome you to join us in Gandhinagar and thereafter to engage and support this important initiative. Registration for the pre-conference and conference can be found at: <https://ipa2023congress.org/> and see also 5.2 below.

In April (25-28), in collaboration with the Kenya Paediatric Association (KPA) and Union of National African Paediatric Societies and Associations (UNAPSA), we will be launching an endeavour to establish a pan-African network of child health organizations to address climate change and the environment. Tentatively called the, “Pan-African Child Climate and Environmental Health Trust,” the initiative will be launched at the KPA annual meeting. Topics to be covered at the pre- and main conferences include:

- ***A child born today: Climate change and the determinants of health in Africa***
- ***Community resilience, ancestral wisdom, and the earth***
- ***Working together for creative solutions to climate change, conservation and health***
- ***Responding to the Impact of Climate Change: A Pan-African movement***

Virtual and in-person participation will be possible. There is still time to submit abstracts for consideration. These should be submitted to:

<https://docs.google.com/document/d/153OPQbAwkTAQUdvyhVmnKhHznIPHUNm/edit>.

Registration details will be forthcoming. See also

<https://www.issop.org/cmdownloads/save-the-day-issop-annual-meeting-2023-jointly-with-kenya-paediatric-association/>

In November (16-18), in collaboration with our Spanish Social Paediatrics colleagues, we will be meeting in Valencia to address a myriad of Social Paediatrics issues and challenges confronting our clinical practices and keeping children safe in our communities. Specifics of this meeting have yet to be fully elucidated, but we will include a focus on building Child Friendly Cities. Please put these dates on your calendar and we will send you more information as it becomes available.

Jeff Goldhagen

2.2 RCPCH young people's podcast

Please listen to this [podcast](#) for ideas from young people on the work of their paediatricians!

The podcast is created by young volunteers with RCPCH &Us, and is all about working with children and young people to help improve their health and the

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health of others. Have a listen for ideas, examples and information on engagement from RCPCH doctors and young people! -TW

2.3 Lancet podcast on young people and climate change

Something else to think about on Feb 14th!

This podcast from the Lancet is very much in line with our own scientific meeting to be held in Kenya on 25-28 April (see 2.1 above)

https://event.on24.com/wcc/r/4059484/4BE426786D9051A00C4A496A982943B0?partnerref=raven_jbs_etoc_feature_lanchi

Spotlight on Child and Adolescent Health: climate change and child health

Date: Tues, Feb 14, 2023 Time: 1:00 pm GMT / 8:00 am EST Duration: 1h 30 min

In partnership with the International Paediatric Association

Our planet is in crisis, and children and adolescents are bearing the brunt of the consequences of climate change. Globally, one in four under-5 deaths are attributable to environmental factors such as toxic air, unsafe water, and inadequate sanitation. Young people are voicing their concerns through climate activism, but the responses from policy makers have been inadequate so far. The Lancet 200th Anniversary Spotlight on Child and Adolescent Health calls for children and young people to be immediately prioritised in health and social policies.

During this Lancet Webinar, join Esther Lau, Editor-in-Chief of The Lancet Child & Adolescent Health, and Hamaiyal Sana, member of The Lancet Child & Adolescent Health's Youth Advisory Panel, for a panel discussion with experts on how the climate crisis is affecting children and young people's health and wellbeing, how the child health community can play a central role in advocating for climate justice, and how different sectors can collaborate more effectively to effect change. The discussion will be followed by a Q&A session and closing remarks by Dr Naveen Thacker, President-Elect of the International Paediatric Association.

2.4 Paediatricians call out unregulated, high sugar and salt baby foods

Worried about the salt and sugar content of commercial baby foods? So are many parents and paediatricians alike. And in the UK, research conducted by the British Dental Association shows that many baby food pouches, which are aimed at infants under 12 months old, can contain more sugar by volume than Coca-Cola.

This is unacceptable, and the RCPCH has issued a [call to action](#) by the government, to implement mandatory guidelines on the amounts of salt and sugar that baby food can contain.

Please report on what parents and paediatricians are doing in your country to protect babies from unhealthy commercial foods (including infant formula, see 3.1 below).

TW

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3. International Organizations

3.1 WHO initiative on sponsorship of Paediatric societies by the baby food industry

There is progress in the global WHO initiative now entitled PHASFI (Professionals in healthcare against sponsorship by the formula industry) following a global meeting in December. This was attended by nearly 30 associations from around the world who have rejected formula sponsorship, and stirring presentations were made by colleagues from India, Australia, South Africa, the BMJ and others on how they are coping without industry finance. The next stage for the action group is to pursue the strategy of reaching out (through umbrella organizations such as the International Pediatric Association and the International Confederation of Midwives) to assist societies in the process of reducing and ending such sponsorship. There is a Call to Action statement in preparation, publications in medical journals, a briefing paper of case studies, and the development of model policies on sponsorship.

We are looking for help from health professionals who care about breastfeeding and reside in a country where the national society accepts sponsorship, to work with the action group in promoting change. Please write to me at the address below if you are interested!

Tony Waterston
Technical Consultant
World Health Organization
Food and Nutrition Action in Health Systems Department of Nutrition and Food Safety
waterstona@who.int

4. Current Controversy

4.1 Title 42

Title 42: The Real Border “Wall” and Rights of Immigrants
Colleen Kraft

Title 42 of the United States Code is the code that addresses public health, social welfare, and civil rights. This code allows the US government the ability to take emergency action to stop the “introduction of communicable diseases.” The Trump Administration misused Title 42 to designate hundreds of thousands of migrants for “expulsion,” arguing that allowing these migrants to enter the U.S. may increase the spread of COVID-19.

Since the Trump Administration began abusing Title 42 as an anti-migrant policy, using it at least 380,000 times to “expel” migrants at the Southern border. In June 2020, out of 1,650 unaccompanied children who entered the U.S., only 4% (61 children) were transferred to the Office of Refugee Resettlement, while

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the remaining 1,589 children were expelled under Title 42. There have been many reports of children being held for days in hotels, without access to

advocates or lawyers, before being expelled under Title 42. Many of these children have still not been located after being expelled.

On Dec. 27, 2022, the Supreme Court in a 5-4 ruling ([Arizona vs. Mayorkas](#)) required that the Biden administration continue to use Title 42 to expel migrants. The court's action makes no sense for several reasons. Title 42 provides the government authority to close the borders only if a public health crisis involving a communicable disease requires it. No one in the litigation disputes that COVID should restrict immigration. Even Justice Neil M. Gorsuch, a staunch conservative, joined the three liberal justices in dissenting from the court's ruling and stated: "The current border crisis is not a COVID crisis. And courts should not be in the business of perpetuating administrative edicts designed for one emergency only because elected officials have failed to address a different emergency."

In the meantime, true asylum seekers, including children, remain victims to violence, kidnapping, torture, and squalid conditions through the "Migrant Protection Protocol", known as the "Remain in Mexico" policy. No one disputes the crisis affecting borders around the world. However, policy should address basic humanitarian rights, child rights, and solutions that can benefit both the immigrant population and the country of asylum. The United States currently faces a workforce shortage in many areas including home health, nursing, education, and the service industry; wouldn't a policy starting with work visas for asylum seekers make more sense than misusing a public health code to keep them out?

Title 42 remains the realized incarnation of the Border "Wall". It is only through continued advocacy and collaboration for solutions that we can focus on human potential and apply international humanitarian law to the rights of all people.

5. CHIFA Report – IPA Report

5.1 CHIFA Report

Our newest CHIFA moderator Tijen Eren (already well known to many as an ISSOP member) introduces herself below.

PLEASE NOTE WE STILL NEED NEW MODERATORS AS BOTH TOM HUTCHISON AND TOSIN POPOOLA ARE LEAVING.

IF YOU ARE INTERESTED AND SHARE TIJEN'S VIEWS, PLEASE WRITE TO ME AT Tony.waterston@ncl.ac.uk

The work is not heavy but is really interesting and educational.

Dear All,

My name is Tijen Eren and I am an internationally trained GP. I became affiliated with CHIFA during my PhD studentship in Social Paediatrics at Istanbul University via my

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mentor Prof Gokcay. I have relocated to the UK a few years back and I recently got registered with GMC to practice medicine here. I am happy to help as a moderator in this e-mail group where all participants support continuous access to health information to promote and advocate for global child health. Sharing knowledge and opinions this way is exceedingly beneficial for us all, and it will be an honour to be a productive part of it.

Kindest regards,
Tijen

5.2 IPA Report



<https://www.ipa2023congress.org/>

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|  <p>30TH IPA CONGRESS & 60TH PEDICON 2023 Quality Care for Every Child Everywhere Gandhinagar, Gujarat, India 19th-23rd Feb, 2023</p> <p>30th International Pediatric Association Congress 2023 & 60th Annual Conference of The Indian Academy of Pediatrics</p> <p>Organised by:  International Pediatric Association Hosted by:  Mahatma Mandir Convention & Exhibition Center, Gandhinagar, Gujarat</p> <p>SCAN THE CODE TO REGISTER TODAY!!!</p>  <p>Mahatma Mandir Convention & Exhibition Center, Gandhinagar, Gujarat 19th Feb - 23rd Feb, 2023</p> <p>CONFERENCE HIGHLIGHTS:</p> <ul style="list-style-type: none"> • World Class Scientific Program • Unique 24x7 Virtual Congress • Networking opportunity • Oral papers and ePosters <p>For more details: www.ipa2023congress.org info@ipa2023congress.org</p> |  <p>IPA preconference workshop</p> <p>18 & 19 February 2023</p> <p>A Rights-Based response to the Needs of Street and Working Children</p>  <p>Organised by:</p> <ul style="list-style-type: none"> • ISSOP (International Society for Social Pediatrics and Child Health) & • ICANCL (Indian Child Abuse and Neglect & Child Labour Group) <p>Main goal: Convene a 2 day working session where child health care professionals & organizations, child welfare practitioners, researchers and child rights advocates, engage and participate in addressing the critical issues that impact street and working children, and develop a strategic framework that attends to the rights and needs of these children.</p> |
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|--|---|-----------------------|---------|-------------------------|---------|----------------------|--------|--------------------|--------|
|  <p>30TH IPA CONGRESS & 60TH PEDICON 2023 Quality Care for Every Child Everywhere Gandhinagar, Gujarat, India 19th-23rd Feb, 2023 30th International Pediatric Association Congress 2023 & 60th Annual Conference of The Indian Academy of Pediatrics</p> <p>Organized by:  International Pediatric Association Hosted by:  Indian Academy of Pediatrics</p> <p>ANNOUNCEMENT FOR PGs, UGs & TRAINEES Calling For Abstracts</p> <p>Once in a lifetime opportunity to present your research in an International Congress</p> <p>Podium presentations, oral papers & ePosters judged by leading experts of the field</p> <p>Access to the Pre-Conference workshops on 19th Feb 2023</p> <p>Affordable accommodation options near the conference venue</p> <p>Current registration slab ends on 30th Sept, 2022</p> <p>Last Day of Submission: 31st Oct, 2022</p> <p>For more details log on to: www.ipa2023congress.org info@ipa2023congress.org +91 93722 75650</p> |  <p>30TH IPA CONGRESS & 60TH PEDICON 2023 Quality Care for Every Child Everywhere Gandhinagar, Gujarat, India 19th-23rd Feb, 2023 30th International Pediatric Association Congress 2023 & 60th Annual Conference of The Indian Academy of Pediatrics</p> <p>Organized by:  International Pediatric Association Hosted by:  Indian Academy of Pediatrics</p> <p>24X7 VIRTUAL CONGRESS REGISTER TODAY</p> <p>Expand your knowledge by attending highly informative sessions by leading national & international experts at the biggest Pediatric Congress</p> <p>FIND US HERE: www.ipa2023congress.org</p> <p>19th Feb - 23rd Feb, 2023 Mahatma Mandir Convention & Exhibition Center, Gandhinagar, Gujarat</p> <p>REGISTRATION FEES FOR INTERNATIONAL DELEGATES - VIRTUAL CONFERENCE Current slab ends on 30th Sept, 2022</p> <table border="1"> <tr> <td>High Income Countries</td> <td>USD 200</td> </tr> <tr> <td>Middle Income Countries</td> <td>USD 150</td> </tr> <tr> <td>Low Income Countries</td> <td>USD 75</td> </tr> <tr> <td>Students/ Trainees</td> <td>USD 50</td> </tr> </table> <p>INCLUSIONS:</p> <ul style="list-style-type: none"> Access to the 24x7 virtual conference with on-demand recorded videos for 3 months Certificate of attendance Access to live relay of all in-person scientific sessions on 4 days i.e. 20th, 21st, 22nd & 23rd of Feb, 2023 Access to specially curated programs based on time zone Access to digital industry exhibition zone <p>For more details log on to: www.ipa2023congress.org info@ipa2023congress.org +91 93722 75650</p> | High Income Countries | USD 200 | Middle Income Countries | USD 150 | Low Income Countries | USD 75 | Students/ Trainees | USD 50 |
| High Income Countries | USD 200 | | | | | | | | |
| Middle Income Countries | USD 150 | | | | | | | | |
| Low Income Countries | USD 75 | | | | | | | | |
| Students/ Trainees | USD 50 | | | | | | | | |

Raul Mercer

6. Publications

6.1 Separation at the US Border Treatment of Migrant children at the southern US border is consistent with torture

Pediatrics Vol 147, Issue 1 Jan 2021

<https://publications.aap.org/pediatrics/article/147/1/e2020012930/33464/Treatment-of-Migrant-Children-on-the-US-Southern>

"Torture", the word conjures up images of violence and terror, and we say to ourselves, "we would never treat children like that in this country (US)". The paper referenced above, published a year ago, and authored by some fellow ISSOP members, provides an important lens into the treatment of and harms inflicted upon children at the US southern border. It is clear that current policy violates children's basic human rights and will have damaging and long-lasting impact to the health and well-being of these children. The use of targeted physical and psychological abuse of children through separation from families, unsanitary and dangerous living conditions and lack of access to basic care and prevention is a purposeful strategy to use children to prevent further crossing at the border. Paediatricians must come together to advocate for reversal of such damaging policies and stop torture at the border.

Rita Nathawad

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6.2 Separation at the Gaza Border

Forced separation of parents from their children at the Gaza-Israel Border

British Medical Journal Paediatrics Open. <http://dx.doi.org/10.1136/bmjpo-2022-001655>

<https://bmjpaedsopen.bmj.com/content/6/1/e001655.full>

In another long-running saga, Tony Waterston writes in the BMJ Paediatric Open about the separation of children from their parents at the Gaza-Israel border when being referred to Israeli or West Bank Palestinian hospitals for medical treatment. Visas for travel are frequently withheld from parents for security reasons so that the children have to be accompanied by another relative or a friend or neighbour.

The subject of the editorial is a recent report by Physicians for Human Rights (Israel) on data collected over a two year period of the number of visas declined in such circumstances. As an example, of 80 children received from Gaza in 2020 by Augusta Victoria Hospital in East Jerusalem, 20 came without parents (14 were with grandparents, 5 with an aunt and 1 with a neighbour).

The separation of children from their parents at a time of acute stress to both child and parents is potentially damaging over a long period and the security concerns are often spurious, according to PHR(I). Advocacy has been requested from paediatric and medical organisations to support the case for relaxation of these restrictions but this has not so far been forthcoming.

Both these examples of forced separation, from the USA and from Israel, can be described as state sanctioned child abuse and require international condemnation from all concerned with children's rights to health and healthcare.

TW

6.3 The strange endurance of corporal punishment of children

The below was a posting on CHIFA from Neil Pakenham Walsh, 23.1.23

CITATION: The strange endurance of corporal punishment Aaron van Dorn The Lancet Child and Adolescent Health Published: January 16, 2023
DOI: [https://doi.org/10.1016/S2352-4642\(23\)00019-6](https://doi.org/10.1016/S2352-4642(23)00019-6)

'Corporal punishment of children is an issue that transcends cultures and remains extremely loaded, touching on difficult questions of children's autonomy, parental rights and responsibilities, and societal interests. Conversations around the need to discipline children, and the appropriate means and methods of doing so, delve almost immediately into deep cultural and emotional waters. And when questions extend to how organisations outside

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the home should approach disciplining children, the issues become even murkier. Yet, for a cultural practice that remains ubiquitous, research into the effects of corporal punishment is almost entirely uniform in its agreement that the practice does not work and has enduring negative effects on children. By some measures, 80% of children annually receive some form of corporal punishment from their parents, despite the overwhelming evidence that it is at best ineffective, and probably actively harmful...

Regarding the legal status of corporal punishment in schools, the USA, along with Australia and South Korea, are outliers among Organisation for Economic Co-operation and Development countries. Corporal punishment in schools is de jure banned in 128 countries. Parental use of corporal punishment is legal in 149 countries globally. Even in countries where corporal punishment in schools is banned, it often continues to flourish...

A 2022 report by Human Rights Watch looked at the adherence within US states to the UN Convention on the Rights of the Child, a treaty that the USA is the only member of the UN not to have ratified...

Parenting is a stressful job, and in many places, there is a real lack of support to allow parents to make effective, rational decisions when children misbehave. Stress, financial and time-based considerations, lack of support, and factors such as substance use can all impact how a parent treats their child. Personal history of corporal punishment can also have an effect on decisions regarding one's own children, with many people taking an attitude of "Well, my mom hit me and I turned out fine". The conclusions of research on the effectiveness and impacts of corporal punishment are stark, and enabling parents and organisations that deal with children to have the space and resources to treat children in a loving and supportive manner, without resorting to physical abuse, should be a key priority for all societies.'

Dr Neil Pakenham-Walsh, HIFA Coordinator Healthcare Information for All Global Healthcare Information Network Working in Official Relations with the World Health Organization 20,000 members, 400 supporting organisations, 180 countries, 6 forums, 4 languages www.hifa.org neil@hifa.org

7. Topics in Social Pediatrics

7.1 News from Japan

Related to the 'border issue' in Section 7 above, table 1 shows that the Japanese government has closed the border to asylum seekers. Yet, despite this background, the government has quickly accepted the Ukrainian people. The number is more than 2,000.

The explanation of the government is rhetoric. The Ukraine people are NOT refugees BUT evacuees. The government does NOT accept any of them from other regions.

Double-tongue is shameful.

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Table 1. Annual changes in the number of asylum seekers and granted ones in Japan and Sweden

| | | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|--------|------------------|--------|--------|--------|--------|---------|--------|--------|--------|--------|--------|
| Japan | Asylum seekers | 2,545 | 3,260 | 5,000 | 7,586 | 10,901 | 19,629 | 10,493 | 10,375 | 3,936 | 2,413 |
| | Granted Asylum | 18 | 6 | 11 | 27 | 28 | 20 | 42 | 44 | 47 | 74 |
| | Granted rate | 1% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 1% | 3% |
| Sweden | Asylum decisions | 36,526 | 49,870 | 53,503 | 58,802 | 111,979 | 66,301 | 35,512 | 24,569 | 20,980 | 12,804 |
| | Granted Asylum | 12,576 | 24,498 | 31,220 | 32,631 | 67,258 | 27,205 | 11,217 | 6,540 | 4,922 | 3,313 |
| | Granted rate | 34% | 49% | 58% | 55% | 60% | 41% | 32% | 27% | 23% | 26% |

Data from the Ministry of Justice Japan and the Swedish Migration Agency

2. Young Carer (caregivers) in Japan

Children who take care of their families are called "young carers (ヤングケアラー)" in the Japanese language

As Government surveys have revealed the situations of young carers through multiple investigations, they have come to be widely recognised by the public during this COVID-19 pandemic.

Table 2. Young carers

| Year | Ages | Carers (%) | Care for whom (%) | Caring every day (%) | More than seven hours per day (%) | Not enough time (%) |
|-----------|-------|------------|---|---|--|---|
| Dec. 2020 | 13-14 | 5.7 | Parents: 23.5 Grandparents: 14.7 Siblings: 61.8 | Parents: 37.3 Grandparents: 31.9 Siblings: 57.4 | Parents: 9.3 Grandparents: 14.9 Siblings: 14.7 | For study: 16.0 For oneself: 20.1 For sleep: 8.5 With friends: 8.5 |
| Jan. 2021 | 16-17 | 4.1 | Parents: 29.6 Grandparents: 22.5 Siblings: 44.3 | Parents: 38.5 Grandparents: 44.9 Siblings: 59.6 | Parents: 5.5 Grandparents: 14.5 Siblings: 15.4 | For study: 13.0 For oneself: 16.6 For sleep: 11.1 With friends: 11.4 |
| Jan. 2022 | 11-12 | 6.5 | Mother: 19.8 Father: 13.2 Grandmother: 10.3 Grandfather: 5.5 Siblings: 71.0 | 52.9 | 7.1 | For study: 7.8 For oneself: 15.1 For sleep: 6.7 With friends: 10.1 |

Data from the Ministry of Health, Labour and Welfare, and the Ministry of Education, Culture, Sports, Science and Technology

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Table 2. shows the results of national surveys. I want to focus on the three facts.

1. The proportion of young carers in the population is about five per cent in Children and Young People (CYPs).
2. The CYPs caring every day is between 30 and 60 %.
3. The CYPs caring for more than seven hours daily is about 10 %.
4. Some of these young carers do not have enough time to study, sleep, or be with friends.

I summarised the definition of child labour in Table 2.

In this table, we must define the difference between household chores and work. It is clearly defined that the WORK every day and more than seven hours is a kind of child labour.

And if it forces CYPs to cut down on study, sleep and time with friends to "household", it should be categorised as "harmful work".

The population between 10 and 19 years old is more than ten million.

Five per cent of them are young carers, and about 10 per cent of young carers work as a part of child labour. So, young carers about 100 thousand are under child labour in Japan.

Hajime Takeuchi, Kyoto

7.2 Humanitarian catastrophe among children in the largest indigenous territory in Brazil

On 16th of January 2023, the recently sworn-in government of President Lula, sent a group of professionals from the Health Ministry on a mission to assess the health conditions of the Yanomami people, living on the North of Brazilian Amazon Rainforest (1). The Yanomami Territory is the largest indigenous territory in Brazil, with over 30,400 inhabitants. The mission found that countless children were in a state of severe malnutrition, and suffering from diseases such as malaria, acute respiratory infection and diarrhea. Four days after beginning of the mission, astonished by the dire state of health in which many Yanomamis found themselves, especially young children, the Ministry of Health declared it was a Public Health Emergency (1).

A publication on the website of the National Health Council of Brazil informs that although this sad scenario has only gained space in the Brazilian and international media in the last weeks of January, the tragedy was not unknown to the previous government. In 2022, data released by the Ministry of Indigenous Peoples revealed that 99 Yanomami children, between 1 and 4 years old, died that year due to malnutrition, pneumonia and diarrhea (2). According to the National Health Council, during the government of former

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President Jair Bolsonaro, numerous help requests were sent by the Yanomami and ignored. During the four years of Bolsonaro's government, food shortages within the indigenous territory increased and dismantling of indigenous health services in the region occurred, with lack of health professionals and shortage of medicines to treat common diseases. Such facts would be associated with the permissiveness of the Bolsonaro's government to the advance of illegal mining and the greater contamination of rivers by mercury, which compromised hunting and fishing, main sources of food for the Yanomami. Also, threats made by miners to health professionals, made them leave the region due to lack of security.

Alarming data on the devastating situation of Yanomami children was recently published in an exclusive report made by the Samaúma Journalism Group, which works in defense of the Amazon Rainforest and its peoples. Journalists Ana Maria Machado, Talita Bedinelli and Eliane Bruchegou, tabulated the data provided by the Health Ministry and reached the overwhelming number of 570 children under 5 years old, that died by preventable causes during the four years of Bolsonaro's government. The data informs that 6 out of 10 children under 5 years of age are affected by nutritional deficit, and most of them already have severe malnutrition (3). Photos shared through local messaging platform groups are shocking and show a large number of children in which only the skin is seen covering the bones.

[Note from TW: The tragedy has also been featured in the [Guardian](#) newspaper]

Katia Brandt, Pernambuco

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2. Conselho Nacional de Saúde. Precisamos devolver dignidade ao povo Yanomami, diz Fernando Pigatto. Brasília: Ministério da Saúde; 2023. [Updated 2023 Jan 26]. Available from: <http://conselho.saude.gov.br/ultimas-noticias-cns/2851-precisamos-devolver-dignidade-ao-povo-yanomami-diz-fernando-pigatt>
3. Sumaúma. Diário de Guerra: Não estamos conseguindo contar os corpos. Amazonas: Sumaúma; 2023. [Updated 2023 Jan 20]. Available from: <https://sumauma.com/nao-estamos-conseguindo-contar-os-corpos/>

8. Climate change update

8.1 Guardian environmental review of the year 2022

https://www.theguardian.com/environment/2022/dec/30/environmental-review-of-2022-another-mile-on-the-highway-to-climate-hell?CMP=Share_iOSApp_Other

According to the UK newspaper the Guardian, 'Two events in 2022 symbolised the climate breakdown that humanity is careering towards and the real, though fast-fading, hope that the world can still be steered away from calamity.

The first was the apocalyptic [floods that submerged a third of Pakistan](#), the world's fifth most populous country, affecting 33 million people. Scientists found that the climate crisis had made the deluge [up to 50% more intense](#). The second was the re-election of [Luiz Inácio Lula da Silva as the president of Brazil](#). Experts had said [the fate of the Amazon rested on the vote](#). Another term of the rampant destruction seen under Jair Bolsonaro could have pushed the world's biggest rainforest past its tipping point, with global consequences. Overall, however, the climate crisis is bleaker than it has ever been. In October, a [slew of reports](#) laid bare how close the planet had neared to irreversible climate breakdown, with one UN study stating there was ["no credible pathway in place to 1.5C"](#), the internationally agreed limit for global heating, and that progress on cutting carbon emissions was "woefully inadequate".

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8.2 RCPCH leads health organisations tackling climate change

Is your paediatric organisation making changes to show it is tackling climate change? The RCPCH in UK recently came top in a score card of UK health organisations published by the Journal of Climate and Health

<https://www.rcpch.ac.uk/news-events/news/rcpch-leads-health-organisations-tackling-climate-change>

Has your paediatric organisation taken on climate change as one of its missions? If not, can you help it to move in the right direction? There will be lots of support from members!

Liz Marder, Community paediatrician and RCPCH Treasurer, is one of the College's climate change leaders and writes in the current e-bulletin:

'For now, however, our focus turns to the College itself, and our own footprint. In our 2021–24 strategy, we committed to achieving net zero by 2040 at the latest. To do this, we need to make our building, resources and activities as sustainable and low- carbon as possible.

The roof top of the College building was a great place to start. Debbie Sayers, Head of Facilities, led five intrepid explorers to the top of the building. After enjoying the great view, we worked our way down to the basement looking at the building through the lens of sustainability.

Debbie shared some of the things we have already done to reduce our carbon footprint such as recycling all our waste, replacing standard light bulbs with LED ones, using renewable energy and closing the building on Fridays. Over the coming year, we will be auditing our current footprint and using that to set an ambitious roadmap towards net zero. We will be sharing our progress and learning along the way in the hope of inspiring many of you to make similar changes in your homes and workplaces.'

Visit: www.rcpch.ac.uk/climatechange

TW

8.3 My Green Doctor

Todd Sack's regular column on Greening your Practice follows:

Free Education on Environmentally Sustainable Practices

This month, ISSOP's My Green Doctor program is the focus of a free 40-minute online program offered by the American Medical Association to any physician in the world, not just AMA members. Watch the webinar yourself at any time and ask your clinic manager to watch as well to learn how easy it is to save money with environmentally sustainable practice management. There is one link to watch the webinar and another to claim education credit:

<https://event.on24.com/wcc/r/4062883/B0A8A10449AF6354586D76FEE9D19978>

Education credit: <https://edhub.ama-assn.org/steps-forward/module/2800484>

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My Green Doctor is a **free money-saving membership benefit from the International Society for Social Paediatrics and Child Health**. Members use My Green Doctor's "Meeting-by-Meeting Guide" to learn how to adopt environmental sustainability, save resources, and help create healthier communities. The program adds just five minutes to each regular office staff meeting or weekly office "huddle", making small changes at each meeting that really add up over time.

Everyone in your practice can register as Partner Society members at www.MyGreenDoctor.org or at www.MyGreenDoctor.es (si, en Espanol). Use the **discount code MGDISSOP** to save \$60 instantly and get full free access to My Green Doctor forever. Ask your practice manager to register today and to put My Green Doctor on your next agenda. **You can do this!**

Todd Sack