

ISSOP e-Bulletin N° 67

January 2024



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1. Introduction

Greetings for 2024 to all ISSOP members, we wish you happiness and success and the progress with social paediatrics in a year where there will for certain be ups and downs. We are particularly hoping to have another chance to meet together in person, for those who travelled to Valencia this was a fine opportunity for reunion.

This month we hear about the evacuation of children in Japan owing to the earthquake disaster in Noto at New Year and a review of the film 'A Life' which also considers the evacuation of children from Prague to Britain at the beginning of the Holocaust in 1938. This relates that tragedy to the present tragedy for children in Gaza which is considered in an article review in 6.1.

Further topics considered in this issue are social prescribing (9.1), sickening news of the measles outbreak in Europe (4.2), and a report on investment in primary health care at UNGA (3.2). And don't miss the remarkable photography of Lisa Kristine (7.3) as well as the usual updates -

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



PEACE IN GREATNESS, Thailand (see 7.3)

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1. Message from Jeff Goldhagen – President of ISSOP

Dear friends and colleagues,

It has now been nearly 4 months since the conflict between Hamas and Israel began. The trauma incurred by Palestinian children continues to mount, with tens of thousands killed or injured in Gaza. And, the trauma incurred by Israeli children, though not ongoing—will be felt by families for generations to come.

We (ISSOP) are seeking a path forward to respond to this and future conflicts. In discussion with IPA, we have their consent to develop a humanitarian disaster response team that could be mobilized at the initial phase of a conflict to identify what the specific needs of children will be. The intent is not to replace international response organizations, but rather to link with them to address the specific needs of children.

I know it is far too late to have the impact we would have wanted with respect to this conflict, but it is serving as a catalyst to think strategically about how pediatricians and pediatric organizations can best respond to ongoing and future conflicts. Through our networks, including our regional organizations, e.g., ALAPE, UNAPSA, APPA, EAP, IPA and others, we represent hundreds of thousands of pediatricians and child health professionals. How we capture these voices and this expertise, experience, wisdom, passion and energy remains a major challenge and opportunity—whether related to conflicts, or globalization, climate change, street and working children, etc.

In this regard, Raul Mercer, one of the editors of the Bulletin, suggested we consider launching a “A Million Voices” endeavor to amplify our global advocacy for children. ISSOP is among the few global pediatric organizations that has linkages and networks to make this happen. Your associations to professional organizations worldwide could serve as a foundation and framework to advance this initiative. More to come on this.

On a more mundane note, I owe you all an apology for the emails you received when we migrated to our new list serve platform, Simplelists. However, I was not entirely culpable—when you respond to an email, unless appropriate, please don’t reply to all on the message :(.

Looking forward to working with you all in accomplishing important global gains for children and families in 2024.

Jeff

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2. Meetings and news

2.1 Group evacuation of children due to the 2024 Noto earthquake in Japan

Azusa IWAMOTO

On January 1st, 2024, at 16:10 JST, a major earthquake occurred the Noto Peninsula in Ishikawa prefecture, Japan, striking families celebrating the traditional Japanese New Year's holiday. The epicentre was located in the Noto region, 16 km deep, with a magnitude of 7.6. Many people evacuated from their homes because of the tsunami, large fires, and frequent aftershocks. As of January 22, 232 people were reported dead and 22 missing.

After the mega-earthquake on 2024 New Years' Day, 258 junior high school students left their hometowns in Wajima-city, Ishikawa prefecture on 17th January. They will stay at public lodging facilities in Hakusan-city, which is located around 100 kilometers away from Wajima-city. They will live together and continue their school-classes with their teachers for at least two months. Mental health care specialists will also take care of the children.

In Wajima-city (total population: around 23 thousand), there are total 401 students in three public junior high schools in this fiscal year. Among them, willing students with the agreement of their families joined this group evacuation. All three schools have become the evacuation centres for citizens since the outbreak of the earthquake.

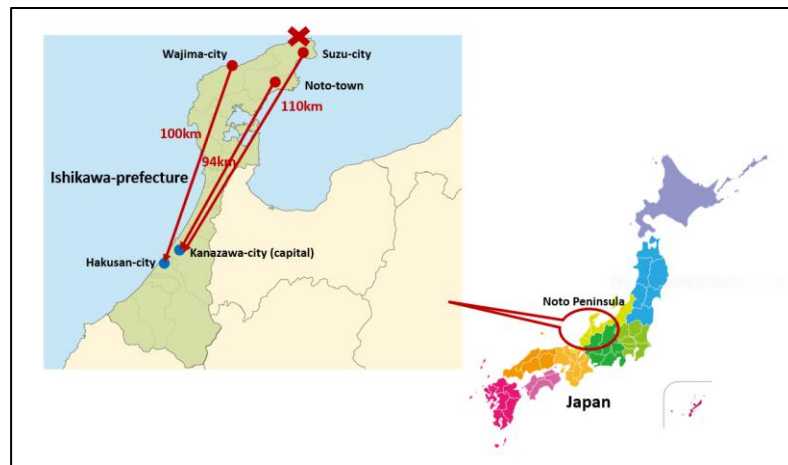
During the evacuation days, both children and families may have been exposed to strong stresses. According to a pediatric psychiatrist, Dr.Tsuyoshi Sasaki, Chiba University Hospital, the evacuated children may have feelings not only of the sense of loss, but also of 'guilt' that 'I left my family and ran away to the safety place alone'. At the same time, some evacuees especially adolescents may avoid communication or show aggressive behaviours. To mitigate these stresses, Dr.Sasaki recommends family members/caregivers contact their children everyday using video call or SNS. It is important to share the daily situations, and honest feelings including concerns and cares even though far away.

On 21st January, around 140 students also moved from Suzu-city and Noto-town to Kanazawa sports center in the capital city of Ishikawa prefecture. In Japan, now (January-March) is the season for the school entrance examinations. Some of the evacuated children need to study intensively to succeed in their exams. I really hope all the evacuated children overcome their unfamiliar and difficult environments and move forward toward to their futures.



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2.2 Earthquake and the meaning of play for children

The 2024 Noto earthquake occurred in Japan on New Year's Day in 2024. The number of casualties is 232, including 14 disaster-related deaths until the 18th. It is reported that three children died when the house collapsed, and one child died after suffering burns from boiling water from a kettle that fell over due to the shaking. The full details of the damage are not yet precise.

Securing play opportunities for evacuated children at first evacuation places, including schools and community centres, is a significant issue, even if it is immediately after a disaster. Play supports children's minds and relieves trauma. In the Great East Japan Earthquake of 2011, the area affected was large, and I was involved in securing play zones for children. Play is crucial to children's lives under any circumstances.

[Photos at an evacuation centre and temporary housing after the Great East Japan Earthquake of 2011]



Primary evacuation centre (a gymnasium)

Play zone (at a locker room)



a closed tent

an open space

Play zone moved to a corridor on the second floor of the gymnasium

Play area inside temporary housing

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Playing is necessary wherever children spend, during natural disasters or conflicts, in temporary evacuation centres, or while on the move.

It is reported that support for children affected by this year's earthquake has been already progressing by young people and other supporters in the areas, but when I think of the children in the Gaza Strip in Palestine, I feel truly sad.

Hajime Takeuchi

2.3 UNCRC becomes law in Scotland

In yet another first for child health in Scotland, the UNCRC has become law after being passed unanimously by the Scottish Parliament in December 2023. **Here** the RCPCH comments on this momentous piece of legislation.

https://www.rcpch.ac.uk/news-events/news/rcpch-responds-uncrc-scotland-act-2024?utm_source=Royal%20College%20Of%20Paediatrics%20and%20Child%20Health&utm_medium=email&utm_campaign=14318219_President%20update%202024-01-26&dm_i=12S1,8IW0B,62ULPJ,Z9K7J,1

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3. International Organizations

3.1 PHASFI Community of Practice

PHASFI stands for Practitioners in Health against Sponsorship by the Formula Industry and was started by WHO last year to bring together health professional societies who do not take sponsorship, to assist and pressurize the rest. PHASFI is a small group of ardent and passionate health professionals which has been active in publication and advocacy and a letter in the Lancet is expected soon. The group is chaired now by Dr Adriano Cattaneo, a retired Italian epidemiologist who is a member of IBFAN, the International Baby Food Action Network.

PHASFI is looking for a website to promote its work and is currently looking at ISSOP to provide this. Concurrently we are setting up a Community of Practice, independent of but supported by WHO. The CoP will bring together a network of practitioners and activists for breastfeeding around the world, to assist in bringing to an end the sponsorship by commercial milk formula companies which is so damaging to breast feeding. Sponsorship is part of the commercialization of infant feeding behaviour which was well described in the Lancet series last year and which is both insidious and pervasive.

The CoP is looking at joining with CHIFA to develop a global network which will include paediatricians, GPs, midwives, neonatal nurses, nutritionists, lactation consultants and related disciplines. Look out for more news coming this year and all ISSOP members will be very welcome to join.

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3.2 High Level Meeting for Investment in Primary Health at the United Nations Assembly

President and Minister of Health of Chile together with the Directors of WHO and PAHO lead a meeting on investment in primary health care in New York. The activity was carried out within the framework of the 78th General Assembly of the United Nations

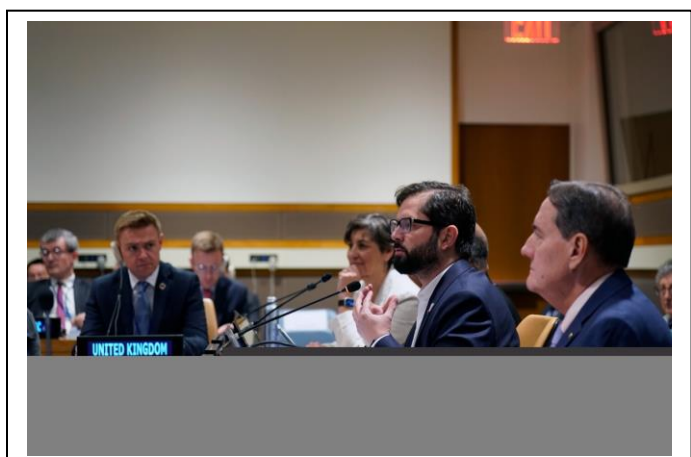


Investing in the radical reorientation of health systems towards primary care was the topic that brought together health ministers from the member states of the United Nations, in a meeting headed by the Minister of Health, Ximena Aguilera, together with the World Health Organization (WHO) and the Pan American Health Organization (PAHO).

The activity aimed to reflect and share experiences on the opportunities to transform and strengthen health systems with a renewed focus on primary health care. Therefore, the conversation focused on the ways and means to implement investment strategies and accelerate the process to health systems based on primary health care.

The President of Chile, Gabriel Boric, was the one who began the opening speeches and highlighted that in Chile there is a conviction that health is a fundamental right of people, in the sense that there are spaces of common life that must be outside the spheres of the market and that must be guaranteed by the State, independent of the condition, ideas and purchasing power of the people. In addition, he highlighted the advances that have been implemented during his mandate, such as zero co-payment and the universalization of primary health care. “We established a pilot to advance a universal primary health care plan, which was developed in seven communes, now we are in a discussion because we want to scale it. The idea is to reach, hopefully, half of the communes in Chile with the Universal Primary Health Care Plan by the end of our government,” he assured.

For his part, the director general of the World Health Organization, Tedros Adhanom, highlighted that primary health care is one of the most important concepts in public health and highlighted the need to invest in this area, not only in some countries, but also have international support. “I urge international financial institutions to work with governments and support ambitious primary health care projects,” he said.



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The director of the Pan American Health Organization, PAHO, Jarbas Barbosa, referred to the strategies he has established to work in the Americas, emphasizing the need to prioritize quality, and identification from a geographical and financial point of view, cultural and administrative. "If people have access to the care they need, integrated at all levels and with services that are provided with the idea of improving health to reduce infant mortality... In the Americas we are translating political statements into actions and Chile is a ideal example where we have seen how this transition can occur," said the authority, alluding to the visit he made to Chile in April of this year, where he was able to observe the implementation of the pilot plan for the universalization of primary care.

Meanwhile, the Minister of Health, Ximena Aguilera, highlighted the role that primary health care plays, since that is where intersectoral work is carried out and is the basis of the resilience of health systems. Furthermore, he added that "universal health coverage is a fundamental challenge for all countries and a common goal for humanity. Primary Health Care represents the most effective and efficient investment to achieve the objective of universal health coverage."

Fernando González

3.3 Course on Commercial Determinants of Health, UFRO, Temuco, Chile.



As part of the activities of the Summer School of Public Health and Epidemiology at the Universidad de la Frontera (UFRO), Temuco, Chile, the first course (in Spanish) on Commercial Determinants of Health (CDoH) and harmful effects of marketing, particularly on children and adolescents was taught during January 2024.

This activity was led by Raúl Mercer (ISSOP and ALAPE Social Pediatrics Committee) and Mariela Alderete. Both are members of FLACSO (Latin American Faculty of Social Sciences), Buenos Aires, Argentina.

The course included addressing the different theoretical frameworks related to the social determinants of health and, particularly, with commercial determinants, their mechanisms of

action, and their importance for health and equity in children along the life course. In this context, those commercial determinants that have an early impact throughout child development were considered, such as commercial formulas for children. The activities had practical components of application throughout the training path.

This activity is a complement to other activities that ISSOP, ALAPE, and CAP 2030 have been developing in different scientific events (Social Pediatric Congresses of Russia, Turkey and Valencia, Spain).

<https://www.ciges.cl/index.php/portada-3/548-xi-escuela-internacional-de-salud-publica-y-epidemiologia-fortalece-vinculos-con-universidades-del-pais-y-del-extranjero>

Raul Mercer & Mariela Alderete

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4. Current Controversy

4.1 How war impacts climate change and the environment

At a time when wars continue to break out or persist in many parts of the world, a recent report in [Global Citizen](#) highlights the massive impact that they have on the environment and on increasing carbon emissions. The reasons for this are –

3 Key Facts About How War Impacts the Climate Crisis and the Environment

- Militaries consume enormous amounts of fossil fuels, which contributes directly to global warming. If the US military were a country, for example, it would have the 47th highest emissions total worldwide.
- Bombings and other methods of modern warfare directly harm wildlife and biodiversity. The collateral damage of conflict can kill up to 90% of large animals in an area.
- Pollution from war contaminates bodies of water, soil, and air, making areas unsafe for people to inhabit.

Whilst we may not need more reasons to reflect on how bad war is for the planet, these facts need pointing out to world leaders at a time when the world seems like a tinderbox. We know that war is horrific for children; it is also horrific for the planet. Let's stop the bombing. Here are the suggestions made in the article –

What can we do?

We can call on world leaders to demand peace and pledge to help refugees and other vulnerable communities directly impacted by conflict. Join us to Stand Up for Ukraine and drum up support from leaders ahead of a pledging event on April 9.

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<https://www.globalcitizen.org/en/content/how-war-impacts-the-environment-and-climate-change/>

4.2 Measles cases in Europe rises 30 fold

The Guardian reports that 'WHO has issued an urgent warning over measles after an "alarming" 30-fold rise in cases across Europe.

The UN agency reported an enormous increase in numbers affected by the disease, which it said had accelerated in recent months. More than 30,000 cases were reported between January and October last year, compared with 941 cases in the whole of 2022 – a more than 30-fold rise.'

'The WHO said that falling vaccination rates were to blame, but also that more people were travelling abroad after Covid-19, increasing the risk of cross-border disease transmission and spread within communities.'

The drop in vaccination rates is very concerning. The [Guardian](#) reported on this recently and found the following explanations - some parents not realising the NHS was still offering MMR

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vaccinations during the pandemic, not realising how serious measles can be, having problems accessing appointments, or being swayed by anti-vaccine conspiracy theories.

The latter is very concerning to me and I would be interested to hear from other ISSOP members if this is the case in your country. We know that the anti-vax movement is powerful and even connected with other conspiracies such as the 15 minute city and low traffic neighbourhoods. Young parents are seeking accurate information and don't always find the most scientific sources. Paediatricians and other child health practitioners have a potent role to play in giving time to parents to explain how vaccines work and the genuine safety of measles and other vaccines. Vaccination is one of the bedrocks of our practice and is such an important determinant of good child health.

Tony Waterston

4.3 A global review of penalties for abortion-related offences in 182 countries

Sanhita Ambast, Hazal Atay, Antonella Lavelanet

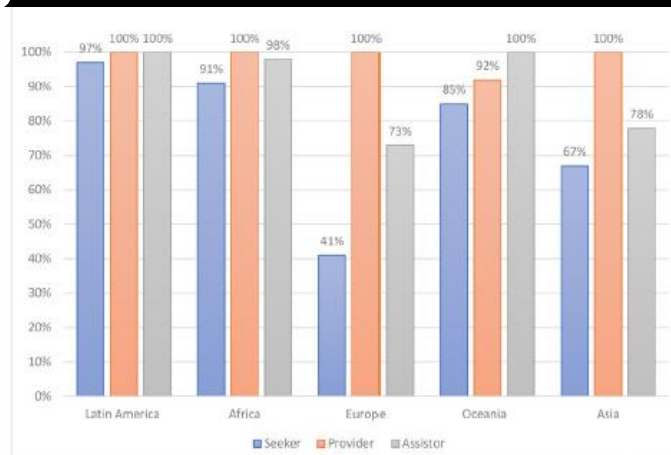
BMJ Global Health 2023;8:e010405. doi:10.1136/bmjgh-2022-010405

Public health research and human rights bodies have demonstrated the risks involved with criminalising abortion services and noted a need for full decriminalisation. Despite this, abortions are criminalised in some circumstances in almost all countries in the world today. This paper uses data from the Global Abortion Policies Database (GAPD) to analyse what criminal penalties exist for those who are seeking, providing and assisting in abortions in 182 countries. This paper uses data on abortion-related penalties available on the GAPD as of October 2022. It includes which actors are penalised, whether specific penalties exist for negligence, non-consensual abortions, whether any secondary additional considerations/judicial discretion exist in sentencing and the legal sources for these penalties. 134 countries penalise abortion-seekers, 181 countries penalise abortion-providers and 159 countries penalise persons assisting in abortions. The maximum penalty is between 0 and 5 years of imprisonment in a majority of countries; however, it can be much higher in other countries. Some countries further prescribe fines, and professional sanctions for providers and those who assist. 34 countries restrict the dissemination of information about abortion. The range of possible penalties across countries and associated aggravating and mitigating factors for imposing these penalties support arguments for the decriminalisation of abortion on the grounds of arbitrariness. Abortions are also predominantly regulated through the criminal law, which may compound the stigma associated with seeking, assisting with and/or providing abortions when it is criminalised. There has been no comprehensive study of penalties for abortion at a global level. This article describes what specific penalties abortion seekers and providers face, what factors may increase or decrease these penalties, and the legal sources for these penalties. The findings provide additional evidence of the arbitrariness and potential for stigma associated with the criminalisation of abortion and strengthen the case for decriminalisation.

Percentage of countries in each region that have criminal penalties for various actors.

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5. CHIFA – ISSOP/INRICH – SWC Reports

5.1 CHIFA Report

As I took my turn in the fourth week of January 2024 to perform my duties as a CHIFA Moderator, I came across a request from a user who needed access to the link to a new smartphone application the "RehApp". The "RehApp" which is still under development, contains very vital health information related to identifying and managing disabilities in children. By the request, I have been called to duty. I needed to connect the requester to the resource. I contacted the originator of the information regarding the "RehApp" who promptly responded to me with the information I requested.

Before I forwarded the message across to the recipient, I took some time to verify whether that is exactly the information requested for and judge its safety. That demands that I access the links to read and authenticate all other related parameters. Just as my training demanded.

At last, I was able to connect a user to an important resource that will be used to help children. I am fulfilled.

To me, the "RehApp" is important addition to the resources we have as a global workforce for children. Through this I have learnt and have also helped another to get access to this resource. It is a win – win case and that is usually the outcome for a moderator on CHIFA: they learn, I learn too. We are all empowered.

About a year ago, I signed up to be a Moderator on CHIFA. Connecting both events offered me a climax to assess the period of my work. And oh, it dawned on me again, the important role I play in reaching people around the world with vital and sometimes critical lifesaving health information. I am reminded that; it is an important call I responded to by signing up to be a CHIFA Moderator.

Edem Kpewou

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5.2 ISSOP/INRICH Research Group Report

Since my last update in November, the Impact of COVID document, a major collaboration by many authors from different countries in this research group which is now uploaded to ResearchGate and has already received over 400 reads. In case you haven't already seen this collection of papers, here's the hyperlink to the document:

https://www.researchgate.net/publication/376028607_Impacts_of_the_COVID-19_Pandemic_on_Children_Internationally_Paper_from_a_Research_Collaboration_between_the_International_Society_for_Social_Pediatrics_and_Child_Health_ISSOP_and_the_International_Ne

The research group met for the first time this year on January 23rd. We are drawing together the final strands of our work on the impact of Covid-19 on children. Two further papers, one from Japan with Hajime Takeuchi as lead author and the other by Anne Geweniger and colleagues on the third survey of German families with children chronic conditions, are now submitted and under review. They will be added to the Impact of COVID document on publication. We are continuing to work through a sub-group on the continued impact of school closures after they have reopened. We're planning a scoping review of published literature on this theme.

Nick Spencer

5.3 Street and Working Children Group Report

Child Rights-based Response to the Needs of Street and Working Children



As we commemorate the 75th anniversary of the Universal Declaration of Human Rights, we recognise that street and working children (SWC) globally are among the most vulnerable population groups. The rights and wellbeing of both street and working children have had poor visibility in healthcare and research. They remain largely invisible, are at risk of violence, exploitation and exposure to toxic environments, and experience profound violations of their human rights. Whilst we acknowledge that this is a global crisis, the burden is disproportionately borne by the majority world.

The SWC Working Group was formed in late 2022 as an active collaboration between the International Society of Social Pediatrics & Child Health (ISSOP), the International Society for Prevention of Child Abuse & Neglect (ISPCAN) and the Indian Child Abuse and Neglect and

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Child Labour committee of the Indian Pediatric Association. We have consolidated our collaboration and have several outputs to share.



<https://rhulgeoplacements.wordpress.com/2013/06/18/how-much-do-you-know-about-street-children/>

- Declaration on SWC at the IPA Pre-Conference Workshop 2023, followed by *the Lancet Child & Adolescent Health* Editorial
- Special issue of *Child Abuse & Neglect*: Street-connected Children April 2023
- Symposium on **Advancing the**

Rights and Wellbeing of Street and Working Children- Edinburgh ISPCAN conference September 2023

- **BMJPO and ISSOP Special Collection on SWC**- already 3 papers published, 1 under review, Editorial/Viewpoint paper being prepared
- Symposium proposed on **Health, Wellbeing and Rights of Street and Working Children** for ISPCAN Conference in Uppsala, Sweden September 2024
- Other Research from our SWC Working Group-
 - Access to Health and Rights of children in street situations and working children- Scoping Review (early analysis done)
 - Prevalence and correlates of child in 5 low income countries: a descriptive study based on UNICEF Multiple Indicator Cluster Surveys 6 (MICS6)
 - Voices of children/YP: publications from Child Labour: Action-Research-Innovation in South and South-Eastern Asia (CLARISSA), which speak to the need for research to understand children's life stories:

[Life Stories From Children Working in Bangladesh's Leather Sector and its Neighbourhoods: Told and Analysed by Children](#)

[Life Stories From Kathmandu's Adult Entertainment Sector: Told and Analysed by Children and Young People](#)

Future plans for the SWC Working Group

Webinars- jointly run between ISSOP and ISPCAN to canvas the health and rights of SWC
Policy statement +/- training on a child rights-based approach to health and welfare of SWC

Shanti Raman – Rajeev Seth

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6. Publications

6.1 Gaza, armed conflict and child health

This important paper is in press for the BMJ Paediatric Open and will be available on line in the next few days when I shall circulate the link.

The paper addresses the UN's [six grave violations](#) against children during armed conflict

Table 1: The Six Grave Violations Against Children During Armed Conflict

The Six Grave Violations Against Children During Armed Conflict	
The killing and maiming of children	The abduction of children
The recruitment and use of children	Attacks on schools and hospitals
Sexual violence against children	Denial of humanitarian access

The writers – most are members of the RCPCH's International Child Health Group with two ISSOP members - find that there have been violations in four from the list and recount their impact on children in Gaza, the West Bank and Israel in the light of the decades long conflict.

The paper ends with a call to action to protect children and their health –

A call to action to protect children and their health

Further harm to children is preventable if urgent steps are taken. Governments and non-governmental actors must demonstrate in action that the lives of children in Gaza are worth no less than any other life. We support the calls made by multiple organisations, such as the United Nations agencies, including the World Health Organization, non-governmental organisations, and fellow health workers for the following:

1. An immediate and permanent ceasefire
2. The release of all civilian hostages in Gaza
3. Urgent provision of water, food, fuel, medical supplies, non-food items and shelter to Gaza
4. An immediate reversal of the evacuation orders for all affected areas of Gaza
5. Unrestricted, safe, and sustained humanitarian access
6. Immediate and absolute protection from attack for civilians, health workers, hospitals and schools
7. Adherence and accountability to international law of all parties involved in the conflict
8. Medical evacuation of severely injured, ill, and pregnant citizens of Gaza to a safe country
9. Resumption of the peace process and an end to the occupation in order to bring long-term safety to all children in the region

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7. Topics in Social Pediatrics

7.1 Film review 'One Life' – an evacuation of children



Two inspiring British actors, Anthony Hopkins and Helena Bonham Carter, star in this recent film though neither is in the line up for the Oscars – though they should be. This moving true story covers the life of Nicholas Winton, a real hero who was responsible for the evacuation of over 600 Jewish children from Prague to Britain in 1938, following the Anschluss in Austria and at the time of the invasion of Czechoslovakia by Germany. The film shows the work of Winton in Prague in flashback and the

updating 50 years later when his work first became publicly known in the UK. The evocative scenes of arguments with resistant foreign office officials led by the forthright mother of the young Winton are so reminiscent of the difficulties facing those promoting a humane approach to immigration into UK at the present time. Winton (and his mother) were people who wouldn't take no for an answer – despite almost insuperable hazards they obtained visas, train tickets, funding and fostering parents in England for hundreds of the refugee children, and the scenes of his reunion with many of these children, now adults, at the end of the film is highly emotional.

My chief thought throughout the film, seeing the images of children living in the streets of Prague with no food, no sanitation, inadequate housing and at risk of imminent imprisonment, was of the children in Gaza who are going through similar and indeed much worse horrors (see article review 6.1).

I asked myself, why are these children not being evacuated to safety instead of dying in such huge numbers?

I am sorry to say that the answers I offer are not happy ones and welcome others' views –

1. The parents would not trust any organization to look after the children and reunite them after the war is over
2. The British are colluding in the bombing of civilians and would not be trusted as safe evacuators
3. There is no country which offers to provide a safe home for the children as UK did for the Prague refugees

It would seem that we are lacking now in the humanity that was shown in 1938 and which is also being shown in Japan in the article at 2.2.

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7.2 Social prescribing: Moving pediatric care upstream to improve child health and wellbeing and address child health inequities

Caitlin Muhl, Susan Bennett, Stéphanie Fragan, Nicole Racine Vanier Social Pediatric Hub, Vanier Community Services Centre, Ottawa, Ontario, Canada;

Social prescribing is a means for trusted individuals in clinical and community settings to connect people who have non-medical, health-related social needs to non-clinical supports and services within the community through a non-medical prescription. Evaluations of social prescribing programs for the pediatric population have demonstrated statistically significant improvements in participants' mental, physical, and social wellbeing and reductions in healthcare demand and costs. Experts have pointed to the particularly powerful impact of social prescribing on children's mental health, suggesting that it may help to alleviate the strain on the overburdened mental health system. Social prescribing shows promise as a tool to move pediatric care upstream by addressing non-medical, health-related social needs, hence why there is an urgent need to direct more attention towards the pediatric population in social prescribing research, policy, and practice. This demands rapid action by researchers, policymakers, and child health professionals to support advancements in this area.

Paediatrics & Child Health, 2024, XX, 1–3 <https://doi.org/10.1093/pch/pxae002>

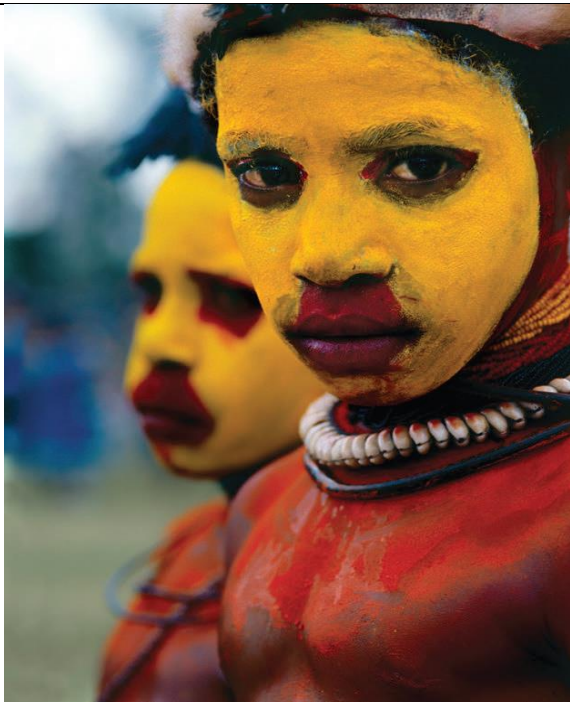
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7.3. Arts and mind: Introducing Lisa Kristine, Humanitarian Photographer

Lisa Kristine is an international humanitarian photographer specializing in indigenous peoples and social causes. Through her work, Lisa wishes to encourage a dialogue about the beauty, diversity and hardship of our inter-locking world. The more meaning born in the images, the deeper that dialogue may be. Lisa Kristine aims to enhance her viewer's awareness and engage them in a visual journey that is also a questioning of our existence. She wants to welcome them into the exploration of our mysterious existence with a spirit of importance, astonishment and hope. For more than thirty years, Lisa Kristine has explored the globe, looking for the peoples, cultures and places that time forgot, creating indelible and unforgettable images. She brings the distant and the ancient and the rare into clearer focus. Best known for her evocative and saturated use of colour, her fine art prints are among the most sought after and collected in her field.

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YELLOW, Papua New Guinea



BLUE, INDIA



FREEDOM, Ghana



CURRENT OF LIFE, Ethiopia

RM

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8. Climate change update

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002721>

PLOS GLOBAL PUBLIC HEALTH

RESEARCH ARTICLE

Impact of higher-income countries on child health in lower-income countries from a climate change perspective. A case study of the UK and Malawi

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This remarkable paper comes from one of our e-bulletin panel Bernie O'Hare, who works both at the University of St Andrews in Scotland and the Kamuzu University of health sciences in Malawi.

The UNCRC has pointed out that states can be held responsible if their carbon emissions harm child rights both within and outside their jurisdiction. This article uses the UK and Malawi as a case study to illustrate higher-income countries' impact on child health in lower-income countries. It aims to assist higher-income countries in developing more targeted policies. Children in Malawi can expect more food insecurity and reduced access to clean water, sanitation, and education. They will be more exposed to heat stress, droughts, floods, air pollution and life-threatening diseases, such as malaria. In 2019, 5,000 Malawian children died from air pollution (17% of under-five deaths).

The paper asks the following research questions –

1. What impact is climate change having on child health in Malawi?
2. Are the international and UK organisations that receive finance from the UK government providing adequate and effective adaptation finance for Malawi? Is the UK paying their 'fair share' of climate finance? Is the UK taking adequate action to reduce their role in enabling revenue losses from Malawi?
3. Are UK policies and the practices of entities it regulates (including MNCs and banks headquartered in the UK) doing their 'fair share' and taking effective action to mitigate climate change and thus the impact on the health of children in Malawi?

The paper describes the harms being done to children by climate change and that these are being exacerbated by high-income countries, such as the UK, which are not doing their 'fair

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share' to support lower-income countries like Malawi to adapt to climate change. In addition, they are not doing their 'fair share' to mitigate against the climate crisis.

There are many ways in which the UK could mitigate climate change in Malawi but the government has not yet accepted either a historical role in causing the problems nor a fiscal role through tax abuse, and the authors urge a much greater understanding by the ex-colonial government of the need to right the wrongs of the past. This detailed paper provides an incentive for all high-income countries to align their policies on climate change with the needs of the poorest.

TW

8.2 Speaking out about the health impacts of air pollution

In another first for the RCPCH, paediatrician Emily Parker has been appointed as Clinical Fellow with the Clean Air Fund Partnership. In her [blog](#) for the RCPCH e-bulletin she writes about her role and some clips are below –

'Last year I was lucky enough to undertake a one-off role as a Sustainability Fellow in Paediatric Medicine, initiated by RCPCH's VP for Policy, Dr Mike McKean, funded by the Newcastle Hospitals Charity, and supported by the [Centre for Sustainable Healthcare](#). This was the first time that I had connected my personal commitment to reducing my environmental impact with my professional role as a doctor. During my fellowship I conducted research into the [carbon footprint of pills versus liquid medicines](#), led a greenspace co-design project involving 100 children and young people, and delivered education on sustainable healthcare to medical students, doctors, nurses and allied health professionals.'

'Our work focuses on developing educational materials for healthcare professionals, establishing an RCPCH policy on air pollution, evaluating novel clean air clinics in London and Liverpool, and creating an advocacy toolkit for healthcare professionals to engage in conversations encouraging system-level change. I am most excited about the final one of these, because it feels brave and radical to me as a doctor based on what I was taught about healthcare in medical school.'

This is a huge step forward in connecting clinical work with advocacy in an official role. I will be contacting Emily to ask her to join our work globally.

TW