

Climate change is no longer a future scenario, in Belgium, we are already living with its consequences. Hot summers that break record after record, floods, air pollution in our cities and along major roads, all of this influences the world in which our children grow up today. As paediatricians, we cannot ignore this. Our work has always been about more than treating illness; it is also about protecting the conditions that allow children to grow, and advocating for those who cannot speak for themselves.

Our air quality remains among the worst in Western Europe, with high levels of NO₂ and fine particulate matter. Every day most Belgian children breathe air that exceeds WHO guidelines, especially in urban areas like Antwerp or Brussels, and most parts of Flanders. We see the impact: asthma and increasing respiratory illnesses. Heatwaves, once exceptional, are now common. Children dehydrate faster, sleep worse, and struggle more with chronic illnesses. The 2021 floods in Wallonia were another wake-up call. Families lost homes, schools were disrupted for months, and many children still carry the emotional impact. All this on top of rising levels of climate-related anxiety among adolescents.

Climate change makes social inequalities in Belgium more visible. Children growing up in poorly insulated houses, densely built areas or close to busy roads are more exposed to heat and air pollution. Families with fewer financial resources often have less access to green spaces, good nutrition, or timely healthcare. On top of that, displacement and migration, whether sudden after extreme events or more gradual due to drought, can further undermine children's safety, education and overall health.

On the global stage, we saw at the recent COP that progress remains slow. There was acknowledgement to move away from fossil fuels, but without strong commitments or timelines. For the children whose futures depend on action, this is simply not enough.

This special issue of the Belgian Journal of Paediatrics brings together articles that highlight these diverse impacts: air pollution and respiratory health, the dangers of extreme heat, the expansion of vector-borne infections into regions like ours, the mental health consequences of climate stress, the effects on neurodevelopment, the role of climate change in global migration patterns, and the implications for children's rights. Together, they form a clear message: climate change is already transforming paediatrics in Belgium.

We are also pleased to welcome an article by Frank Raes, who describes in "five easy pieces" how past and future impacts are intertwined with social, economic and environmental challenges that require urgent, coordinated action.

Yet this is not a story of hopelessness. The real opportunity lies in what we do here, in our communities, our hospitals, our consultations, and our policies. Belgian children cannot choose the air they breathe or the climate they inherit, but we can choose the systems we build around them. We can ask the government for national heat action plans, and meanwhile offer parents clear guidance on how to cool rooms safely, and recognise signs of heat stress. In our professional organisations, we can be the voice of children in climate policy. This includes advocating for clean air measures, greener school environments, climate-resilient childcare facilities, and social policies that protect vulnerable families. In our hospitals, we can push for more sustainable choices. Healthcare has a large environmental footprint: energy, waste, single-use plastics, transport. Reducing unnecessary tests, improving energy efficiency, choosing durable materials, these are not abstract actions; they are entirely aligned with our duty to "do no harm."

Climate change is without doubt a child-health issue. But it is also a moment to rethink how we build healthier, fairer environments for the next generation. Belgian children depend on us to speak up, to act, and to take their future seriously. Because their future is written by the choices we make today.

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