



EDITORIAL

Children at the focal point of global health challenges

La infancia en el foco de los retos de salud global



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A decade ago, in this same journal, Dr Isolina Riaño Galán already denounced that global child health was a reflection of inequalities and injustice worldwide.¹ Regrettably, the same can be said today because it is still true that the chances to have a healthy childhood are lesser in some areas of the world compared to others. The problems faced by a child in countries such as Morocco, Bolivia or Mozambique, to put a few examples, are very different from those faced in Spain or any other European country. Biological factors, but also factors of a historical, political or sociocultural nature, contribute to these disparities and the resulting inequalities and inequities.

The burden of disease translated to inequality

It is fair to say that there has been a rapid global reduction in child mortality in the past few decades. Then, it has decreased from the 17 million deaths recorded worldwide in the 1970s to approximately 5 million in 2020.² However, there are significant qualifications to this progress,

as there are substantial differences between geographical regions and in association with different levels of regional development. Thus, up to 82% of preventable deaths in children under 5 years occur in Africa and Southeast Asia. Furthermore, the reduction in child mortality has been relatively modest in low-and middle-income countries, which currently account for 99% of child mortality,³ and children born in some of these countries are up to 14 times more likely to die than if they had been born in Spain. In those countries, the fragility of the health care systems poses a barrier to the pursuit of decreases in child mortality and the achievement of the Sustainable Development Goals (specifically, goal 3). There are, in addition, other barriers that are equally important, such as poverty, hunger, climate change, gender inequality, lack of access to drinking water or housing, difficulty in accessing adequate education or living in a war zone.

All these factors make communicable diseases represent a predominant burden in many countries and, while the importance of noncommunicable diseases is increasing, a high mortality, high secondary fertility and high prevalence of infectious diseases still persist. For, in addition to diseases characteristic of the neonatal period (prematurity, neonatal asphyxia or obstetric complications), infectious diseases continue to be one of the leading causes of death in children under 5 years, especially in Sub-Saharan Africa and South Asia. Thus, some of the most frequent causes of death are

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pneumonia, diarrhoea, malaria, neonatal sepsis, meningitis or measles,⁴ all of which are easily preventable (by means of vaccination or other preventive measures) or curable (with antibiotic or antimalarial drugs).

A planet in crisis

As we noted above, the root causes of these disparities are multifactorial. In any case, and even if it is just with a pragmatic and utilitarian motivation, globalization demands our own concern with the problems of poorer countries, because what it used to be considered “tropical” is now global. In this regard, we ought to remember the fact that, as the World Health Organization (WHO) pointed out, “the achievement of any State in the promotion and protection of health is of value to all.” The coronavirus 2019 pandemic was a prime example, although outbreaks in high-income countries of mosquito-borne diseases, such as Dengue fever or West Nile fever, are other significant instances.

But while the pandemic evinced the need to face the future jointly, the rising temperatures in our planet will put all our resources and approaches as a global community to the test, as it is going to affect every area of the globe. This will all come to be in a world whose population is expected to exceed 10 000 million inhabitants by 2060 and where the majority of children will live in the regions most vulnerable to the climate crisis, which, combined with the decrease in biodiversity and the increase in pollution will bring about that the WHO has termed as “triple planetary crisis.” We should also underscore that the impact will be particularly severe and disproportionate on children living in areas with limited resources: scarcity of food and drinking water, natural disasters or changes in the epidemiology of certain infectious diseases, such as malaria, are already illustrative examples of the potential repercussions. There will also be an impact on the mental health of children and the development of mass migrations, which will make the care of migrant children in particular and paediatric mental health in general essential fields of health care in the future. And we must also not forget that, under these circumstances, children in vulnerable populations will also be affected by “intersectional systemic disadvantages caused, among others, by race, caste, class, ethnicity, gender, and religion.”⁵ Among these factors, gender inequality and racism continue to be major contributors to poor health in children everywhere in the world.

Global health as a response

As José Antonio Pagés has stated, the concept of “good health as a fundamental human right is currently framed

in the ‘global health’ concept, which constitutes an ongoing challenge and is based on a universal set of values and principles that are common to all cultures.” Believe that a child should not die as a result of problems in labour or delivery, have a decreased quality of life due to HIV infection or be at risk of dying due to a lack of basic medical resources is shared by every culture and society. As paediatricians, we have an ethical and professional commitment to this vision, which translates the moral imperative and universal scope from which global health emerges as a discipline. Thus, global health becomes a field of study, research and practice with the objective of improving the health of individuals anywhere in the world, promoting multidisciplinary cooperation and working at the level of both population prevention and individual care.

And while health promotion, universal quality health care or the advancement of rigorous research are essential, it is also true that, in order to confront the upcoming challenges, global health requires a biosocial approach that recognises that disease does not emerge solely from biological and clinical phenomena, but also from economic, political, historical and cultural determinants. Their interaction gives rise to the suffering of many children, in the face of which we cannot “remain as passive bystanders”,¹ and our work must be based on values such as liberty, justice and equity. Our mission as paediatricians is to ensure a hopeful future for them.

Conflict of interest

The authors declare no conflict of interest.

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