

Child health

# Global child health

P B Sullivan

## Introduction to the new Global Child Health section in *ADC*

Members and Fellows of the Royal College of Paediatrics and Child Health showed their recognition of the need to respond to the appalling conditions in which the majority of the world's children live. They did this in 2001 when they unanimously voted for a proportion of their annual College subscription to be used for international advocacy and education and training programmes in resource-poor countries.

This month, *Archives* launches a new Global Child Health section to reflect the international interests of both College members and of paediatricians everywhere. Moreover, it is no coincidence that the commissioning editor for this new initiative is also the Officer for International Affairs—the David Baum Fellow—of the Royal College of Paediatrics and Child Health.

The late David Baum as President of the Royal College of Paediatrics and Child Health, died suddenly when taking part in a sponsored bicycle ride from Buckingham Palace to Sandringham Palace in 1999 to raise money for the College's educational venture in Gaza. David Baum—in whose memory the Officer for International Affairs was established—was deeply concerned by the way injustice and inequity impacts

on child survival in so many parts of the world. The inaugural contribution from Professor Zulfiqar Bhutta, Hussein Lalji Dewraj Professor of Paediatrics at the Aga Khan University, Karachi, Pakistan addresses this issue head on.<sup>1</sup> As Bhutta says, "Child survival is one of the most pressing moral dilemmas of this century".

Every year nearly 11 000 000 children under the age of 5 years of age die—and these mostly in the world's poorest countries in sub-Saharan Africa and South Asia. The causes of death in these children are well known and, for the most part, are attributable to infectious diseases (predominately diarrhoea, pneumonia, malaria, and HIV) and malnutrition.

Infectious disease and malnutrition are prevalent wherever poverty is rife; within each country children from the poorest families are the most likely to die. It is estimated that 3 billion people live on less than \$1.3 per day and that the world's richest 225 people have a combined wealth equivalent to the annual income of the poorest 2.5 billion. Poverty is the consequence of economic inequity.

Economic inequity does not lie between nations alone and, as Bhutta

emphasises, within-country variation (for both developed and developing countries) is the source of most inequality, rather than differences between countries. Economic inequity causes both a sense of grievance and injustice which promotes despondency and anger and it is one of the root causes of social unrest, political instability, and turmoil in the world.

Thus, the relation between health and wealth may, at least at a superficial level, appear to be clear. Not only is the relation between disease and poverty a two-way street but unmeasured consumption of wealth is also associated with disease. Obesity—which usually starts in childhood—is now reaching pandemic proportions. Curiously, there are now as many (1.6 billion) clinically obese individuals on the planet as there are those who are severely malnourished—a graphic illustration of inequity! This inequity is a causal factor in the high child mortality discussed by Bhutta.

The new Global Child Health section in *Archives* will provide a platform for more detailed discussion of these issues as well as for the results of scientific research that deepen our understanding of infectious diseases and malnutrition in children in the developing world.

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## REFERENCE

- 1 Bhutta ZA. Beyond Bellagio: addressing the challenge of sustainable child health in developing countries. *Arch Dis Child* 2004;**89**:483-7.