

EDITORIAL

Do we really know who are left behind and who are at risk of being left behind?



Khalifa Elmusharaf¹, Blanca Elena Guerrero Daboin², Tania Brusque Crocetta³

¹Senior Lecturer in Public health. Graduate Entry Medical School, University of Limerick, Ireland.

²Master in health Science. Centro Universitário FMABC, Santo André, Brazil.

³PhD, Universidade do Estado de Santa Catarina, SC, Brazil.

Corresponding author:

khalifa_elmusharaf@yahoo.com

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Abstract

There is enough evidence to show the importance of the first 1000 days of life for child survival and development, and the next 8000 days for a child to reach adulthood. Yet discrimination, place of residence, socio-economic status, and inequalities within and between countries contribute to earlier mortality and significant morbidities for mothers and their children, particularly in settings with limited resources. Therefore, many children and adolescents and their families were left behind.

JHGD has been raising public health issues related to inequalities and right to health. In this issue, articles generate debate around human dignity and health disparities. Several articles discuss a verity of health issues particularly in Amazon and Northeast region. School health was also discussed in this issue. Three studies were conducted in schools in Rio Grande do Sul, Brazil.

Research indicate that many children and adolescents are left behind. We are missing many opportunities to bridge the gap of inequality. Actions need to be taken now to make sure no one is left behind.

Keywords: health inequalities, child health, adolescent health, primary healthcare.

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There is enough evidence to show the importance of the first 1000 days of life for child survival and development, and the next 8000 days for a child to reach adulthood. Yet discrimination, place of residence, socio-economic status, and inequalities within and between countries contribute to earlier mortality and significant morbidities for mothers and their children, particularly in settings with limited resources¹⁻⁴. Therefore, many children and adolescents and their families were left behind⁵. The 2011 Rio de Janeiro Political Declaration is a milestone document to achieve social and health equity through action on social determinants of health and well-being by a comprehensive intersectoral approach. This is to be achieved by adopting better governance, promoting participation in policy-making, reorienting the health sector, strengthening global collaboration, monitoring progress and increasing accountability.

The UN Member States agreed on the Sustainable Development Goals (SDGs) by 2030 and pledged to ensure “no one will be left behind”. However, to know who are left behind and who are at risk of being left behind, it is important to examine the disadvantages people face. This should be done by collecting data to monitor child and adolescents’ health and activities including education, nutrition, mental health⁶, environment, social exclusion⁷, to name a few. Measuring different aspects of the health of newborns, children and adolescents is essential to track progress towards achieving the aims of the Global Strategy for Women’s, Children’s and Adolescents’ Health 2016-2030⁸. The current challenge is that many organizations are collecting data that are not always comparable, making the sharing and use of the data complicated. WHO recently formed technical advisory groups to provide a standard set of harmonized indicators for monitoring and reporting on Mother, Newborn, Children and Adolescents. These technical advisory groups are Mother and Newborn Information for Tracking Outcomes and Results (MoNITOR)⁹, Adolescent Health Metrics (AHM)¹⁰, and Child Health Accountability Tracking (CHAT)¹¹.

The Declaration of Alma-Ata in 1978 formed the foundation for the last 40 years of global primary health care (PHC) efforts. The recently signed Astana Declaration¹² 2018 on PHC declared that PHC approach is still the most effective way to sustainably solve today’s health and health system challenges¹³. The investment in PHC is the smarter investment, because of its low cost and its high

return on investment. The new declaration renewed the political commitment to PHC and will inform the UN General Assembly high-level meeting on Universal Health Coverage UHC in 2019. It declares that the success of primary health care will be driven by capacity-building, human resources, technology, financing, individuals and community empowerment, and stakeholder alignment¹².

After Brazil created the Unified Health System (SUS, or Sistema Único de Saúde) at the end of 80s, it has worked persistently in breaking the paradigm of a curative health model to move to a preventive health care model reinforcing the importance of primary care. The introduction of the Family Health programme (PSF or Programa Saúde da Família) in 1994, then evolved into the Family Health Strategy (ESF, or Estratégia de Saúde da Família) helped to reduce inequalities among remote areas and groups of greater vulnerability.

During this journey, most important health indicators in Brazil have been improved. Under 5 mortality decreased from 52.5 to 17 per 1000 live births between 1990 and 2015 representing a reduction of 67.7%¹⁴. However, despite the improvements observed, the inequality between regions persists. In 2015, among the 13 states with the highest than national average under-5 mortality rates, six were in Amazon region and seven were in Northeast region¹⁴.

JHGD has been raising public health issues related to inequalities and right to health. In this issue, Messetti PAS and Dallari DA¹⁵ examined human dignity in Brazil in the light of the constitution, human rights and bioethics to present a deeper investigation about the social nature of human dignity and its definition over time. Hani K. Atrash¹⁶ looked at health disparities in the United States including challenges, opportunities, and what can be done about it. Áine de Roiste¹⁷ presented a brief exploration of resilience and child development.

This issue brings eight articles from Amazon and Northeast region that address a verity of issues in these two regions. Issues investigated were congenital Zika¹⁸, neuropsychomotor development¹⁹, metabolic syndrome²⁰, Chagas disease (American Trypanosomiasis)²¹, physical violence²², tuberculosis control²³, scorpion stings and spider bites²⁴ and patient safety culture²⁵.

Garner DM *et al.*²⁶ assessed the heart rate dynamics in young obese subjects by nonlinear metrics to heart rate variability. Zangirolami-Raimundo J *et al.*²⁷ presented a useful research

methodology article on cross-sectional studies.

School health was also discussed in this issue. Three studies were conducted in schools in Rio Grande do Sul, Brazil to investigate the relationship between dietary intake and nutritional status with school performance²⁸, to examine the occurrence of metabolic risk in School children using waist and height ratio²⁹ and to assess the impact of untreated dental caries on oral health of adolescents³⁰.

Research indicate that many children are left behind. We are missing opportunities to bridge the gap of inequality. One of these opportunities could be the appropriate use of technology. Examples of

new technology are games with virtual reality for rehabilitation³¹, recovery of children with Duchenne muscular dystrophy³², inclusion of older people³³, or improving literacy of individuals with intellectual disabilities³⁴. The advancement of the “Internet of Things” (IoT) technology has a potential to be used in medical and health care, with a development of applications that will change the way of living³⁵, especially in remote areas in Brazil.

More research is needed to understand who are left behind and who are at risk of being left behind and why. Actions need to be taken now to make sure that no one is left behind.

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Resumo

Há evidências para mostrar a importância dos primeiros 1000 dias de vida para a sobrevivência e o desenvolvimento da criança e dos próximos 8000 dias para a criança atingir a idade adulta. Entretanto, o local de residência, o status socioeconômico, a discriminação e as desigualdades dentro e entre os países contribuem para a mortalidade precoce e morbidades significativas para as mães e seus filhos, particularmente em ambientes com recursos limitados, sendo que muitas crianças, adolescentes e suas famílias estão em situação de vulnerabilidade. Como contribuição ao campo da saúde pública, o *Journal of Human Growth and Development (JHGD)* tem promovido discussões acerca das questões de saúde pública relacionadas às desigualdades e direito à saúde. Nesta edição, os artigos geram debate em torno da dignidade humana e das disparidades de saúde. Diversos artigos discutem a realidade das questões de saúde, particularmente na região amazônica e nordeste. Além de saúde escolar, que também foi discutida nesta edição. Três estudos foram conduzidos em escolas do Rio Grande do Sul, Brasil. Pesquisas indicam que muitas crianças e adolescentes são negligenciados. Estamos perdendo muitas oportunidades para preencher a lacuna da desigualdade. Ações precisam ser tomadas agora para garantir que ninguém seja deixado para trás.

Palavras-chave: desigualdades em saúde, saúde infantil, saúde do adolescente, atenção primária à saúde.

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