

Offline: A new revolution for child and adolescent health



The most extraordinary success story in global health's recent history has been the rapid decline in deaths of children younger than 5 years. In 2000, there were an estimated 10.8 million under-5 deaths. By 2019 that number had fallen by over half to 5.2 million. This reduction was no accident. It demanded the commitment of thousands of front-line health workers, combined with often steep reductions in extreme poverty. Science played an important part. In 2002, Jennifer Bryce visited *The Lancet's* offices to invite us to take up the cause of child survival by publishing a series of papers that explicitly linked the science and politics of child health. Her argument was compelling—that UNICEF, WHO, and governments had grown complacent about the plight of the most vulnerable children in the world. It was time to send an electric shock through the languid bureaucracy of global health. Scientists were well placed to do so because they had access to the best available data—on the distribution of deaths, on the most effective interventions, and on how many lives could be saved if coverage of those interventions could be enhanced. It seemed a big ask. *The Lancet* was a scientific journal whose reputation depended on separating research from advocacy. Jennifer argued that these two activities were inseparable. Over the next 12 months, she put together a team of scientists who wrote five interlinked papers—our first global health Series. Launched in June, 2003, that Series was adopted by UNICEF and WHO to kick-start a new child survival revolution. Today, two decades on, it is time to launch the next stage of that revolution.

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The frightening truth is that despite all the lives saved, millions of children are still dying of preventable causes. Those who survive remain unable to reach their full potential. This issue is especially important now at a time of extreme disruption to economies, health services, and education systems worldwide. The Series of papers we publish this week—Optimising Child and Adolescent Health and Development—is a direct descendent of the work on child survival. Several scientists involved with that original initiative also led this latest Series. But there are striking differences in the perspectives they offer. The challenge is no longer only about the first 5 years of life. They now extend the

period of concern from preconception to adolescence. They go beyond survival to consider mental health, non-communicable diseases, injuries, trauma, disability, and sexual and reproductive health and rights, all within a new framework of “nurturing care”. They go beyond coverage to focus on the quality of services. They take account of broader health determinants for children and young people, such as conflict. And they go beyond health services to include education and social systems, together with damaging gender norms.

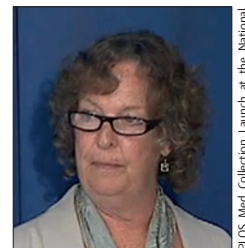
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In other ways there are disturbing similarities to 2003. Complacency: progress has slowed and there is an absence of political leadership in child and adolescent health. Stark regional disparities persist. Lack of investment in the health of children and young people is common. There remain large gaps in data. And insufficient attention is given to the intrinsic importance of children to our conception of a just society. What are the implications of this new Series? First, health cannot do it all. In addition to scaling up health and nutrition interventions, broad anti-poverty measures must be implemented across the lifecourse. Schools are a vital platform for services to strengthen children's wellbeing. Second, girls and women need special consideration. Maternal empowerment is directly associated with lower child mortality. Poverty and lack of educational opportunity severely limit girls' development. Third, deep structural reforms to health and education are essential—regarding quality, service delivery, and engaging parents to be more involved in shaping the lives of their children. Fourth, greater attention must be given to the value of a qualified and properly rewarded workforce—midwives, nurses, community health workers, doctors, and teachers. And finally, exactly as we called for in 2003, we need political commitment. We need the leaders of multilateral agencies, governments, and civil society to step up to the challenges this Series lays out and the opportunities it describes. 2003 was an inflection point in the recent history of child health. Can 2022 be another decisive moment for international attention—and action?

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Jennifer Bryce, Launch at the National Press Club, footage International Health—IHSPH



John H. Hopkins, Bloomberg School of Public Health's website



The Hospital for Sick Children

