

EDITORIAL

Advocacy for children in global conflicts: the value of children in our world

How can we advocate for children as clinicians and researchers?

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Pediatric Research (2024) 95:1386–1387; <https://doi.org/10.1038/s41390-024-03044-3>

Crises such as the Middle East conflict shine a light on the plight of children globally involved in places of conflict and poverty. Children are disproportionately affected in multiple ongoing global conflicts.¹ Shenoda et al.² state that 1 in 10 children globally are affected by armed conflict and more recently this number has escalated to 1 in 6.³ One hundred million people are displaced globally, and this number is expected to double by 2050 due to climate change and decreased resources.⁴ The UN Convention on the Rights of the Child provides protection for children and is an excellent source for advocacy to ensure every child has every right⁵ (https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-11&chapter=4&clang=en). The Convention maintains childhood as a special, protected time, in which “children must be allowed to grow, learn, play, develop and flourish with dignity” and is the most widely ratified human rights treaty in history. Unfortunately, the Convention is not completely implemented and not widely known, and millions of children do not have access to adequate nutrition, safety, health care and education.

The Sustainable Development Goals (SDGs) is a universal global agenda including leaders from 193 countries with 17 goals set to be achieved by 2030 and include the elimination of poverty and improving health and well-being.⁶ There is a particular emphasis on ensuring the health and well-being of all children and their right to survive and thrive in a sustainable and equitable world. UNICEF has reported in 2023 (the halfway mark towards the 2030 SDGs) the finding that two-thirds of child-related indicators are not in line to meet their targets (<https://data.unicef.org/sdgs/>).

War-affected children experience multiple potentially traumatic events (PTEs) with increasing conflict affecting children and displacement in the past 15 years including major conflicts.³ A high number of PTEs, low mental health, and permanent postmigration stress are evident across conflicts. These cumulative stressors are associated with poor mental health and developmental delays in several domains including cognitive functioning, emotion regulation and affective processing. Currently, the number of evidence-based interventions for refugee children is low.³

We have previously highlighted the ongoing need for advocacy for children’s rights locally and internationally especially in the area of research funding to improve outcomes for children globally.^{7–10} As child health care professionals and pediatric researchers, our main aim is to protect and nurture children and their families. This goal involves daily challenges that are magnified by war and poverty. Pediatric and child health research constantly strives to improve all children’s outcomes and quality of life. The unfolding conflicts in many parts of the world has resulted in immense death and suffering. According

to the last three Annual Reports of the UN Secretary-General on Children and Armed Conflict, a total of 2985 children were killed across 24 countries in 2022, 2515 in 2021 and 2674 in 2020 across 22 countries (<https://www.savethechildren.org.uk/news/media-centre/press-releases/conflict-kills-300-babies-every-day>). National and international child health societies and representative bodies have expressed the widespread distress at the amount of human suffering. How can child health researchers effectively advocate for children in crisis?

Physicians describe personal distress, individual feelings of powerlessness and a lack of strategies for individual advocacy. Child health professionals, pediatric researchers, and societies can protect against discrimination such as anti-ukranianism, antisemitism, and anti-Palestinian sentiments and promote interprofessional unity to support all children. We advocate for the support of health care professionals who are on the frontlines of this crisis. They risk their lives to care for anyone who is injured, and must maintain their medical neutrality. This is endorsed by the American Medical Association (AMA) policies on physicians’ humanitarian responsibilities. The AMA says physicians must “advocate for the social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being.”¹¹ This sentiment is also reflected by the American Board of Internal Medicine, in its charter on medical professionalism, suggesting “commitment to the promotion of public health and preventive medicine, as well as public advocacy on the part of each physician.”¹¹ Advocacy training^{12–15} is now a requirement for all pediatric residents by the Accreditation Council for Graduate Medical Education (ACGME) Pediatrics Residency Review Committee (RRC). The American Academy of Pediatrics (AAP) Blueprint for Children encourages pediatricians to advocate for the support of global child health in government policies. The support of global child health includes “promotion of the growth and development of every child to his or her full potential; access to education; equitable distribution of immunizations and life-saving medicines; prevention of child abuse and neglect; tobacco control; health equity and disaster preparedness; access to essential surgery, safe anesthesia, and perioperative care; and protection of children from violence.”¹⁵ The Royal College of Paediatrics and Child Health in the UK promotes advocacy programs and an ambassador program with resources for physicians.¹⁶

Child Health researchers have a role in advocacy for children and health care professionals involved in any global conflict. Supporting research to protect children and improve their outcomes to produce data-driven solutions with the global research community.¹⁷ More research is essential to improve outcomes for refugee children including supporting health care programs and mental health. More research is needed on the impact of war on children’s adult behavior. Education on health care requirements for vulnerable children and global health are essential from medical school throughout continuing medical

Received: 8 January 2024 Accepted: 8 January 2024

Published online: 18 January 2024

education. Research concentrating on translation of health care solutions from lower to higher health care resources and vice versa require more funding and advocacy.


Pediatric research funding has been low compared to funding for adult diseases. The National Institutes of Health (NIH) is the largest public funding agency globally and although funding for pediatrics has increased it has not matched levels in adult diseases.^{18,19} The return of investment for sick and vulnerable newborns is greater than other health care investment and research improving health economics data can assist governments in allocating additional funding to improve survival and lifelong health. There are wide gaps in what is known and what is implemented especially in global child health. More research is required to address these implementation challenges to ensure the global health goals are achieved.²⁰ Low middle-income countries (LMIC)-led research including implementation learning networks will accelerate the improvement in neonatal and childhood mortality and morbidity. Recent examples such as the Implementation Toolkit for Small and Sick Newborn Care which is a large open-access online platform launched by NEST360 and UNICEF facilitates rapid sharing of innovations and implementations tools (<https://www.healthynewbornnetwork.org/resource/implementation-toolkit-for-small-and-sick-newborn-care/>). Equitable collaborations between LMIC and high-income countries (HICs) are vital for improved health and aiming for disability free survival family centered care as well as mortality are important. Advocacy across global research networks to influence politicians, society and families will help to advance improvements in healthcare aiming to reach the neonatal mortality rate goal from SDG of $\leq 12/1,000$ before having full neonatal intensive care in all countries.²¹

Published pediatric studies involve significantly fewer randomized controlled trials (RCTs), systematic reviews, and therapeutic trials compared to adults.²² More than half of the 2.4 million neonatal deaths worldwide are related to preterm birth and neonatal infections and the leading causes of death in the first month of life.²³ Unfortunately, there has been limited progress over the last 20 years partially due to the lack of appropriate RCTs in this area. In *Pediatric Research*, we highlight global health researchers leading projects and continue to expand the global health section. The importance of early life research focused on details and early life especially for the most vulnerable and least resourced children needs to be urgently communicated to policy-makers, healthcare institutions, funders and the public.²⁴ Investing in more research and resources in childhood has long term benefits for all children, adults and Society.²⁵

President Nelson Mandela²⁶ observed that, "There can be no keener revelation of a society's soul than the way in which it treats its children." Let us live up to his vision.

Eleanor J. Molloy^{1,2,3,4} and Cynthia F. Bearer^{5,6} 

¹Discipline of Paediatrics and Child Health, Trinity College, the University of Dublin, Dublin, Ireland. ²Trinity Research in Childhood centre (TRiCC), Trinity College Dublin, Ireland & Trinity Translational Medicine Institute (TTMI), Trinity College Dublin, St James Hospital, Dublin, Ireland. ³Neonatology, Coombe Hospital, Dublin, Ireland.

⁴Neonatology & Neurodisability, Children's Health Ireland at Crumlin & Tallaght, Dublin, Ireland. ⁵University Hospitals Rainbow Babies & Children's Hospital, Cleveland, OH, USA. ⁶Case Western Reserve University, Cleveland, OH, USA.  email: cfb3@case.edu

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