



Long Term Perspectives to Improve Childhood and Adolescent Health Worldwide

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Cause specific mortality and nonfatal health outcomes among children and adolescents from 1990-2015 from 195 countries and territories by age group, sex and year using standardized approaches for data processing and statistical modeling, with subsequent analysis of the findings to describe levels and trends across geography and time among children and adolescents 19 years or younger was analyzed by Kassenbaun N., *et al* for the Global Burden of Disease among child and adolescent Health Collaboration Group. They developed a composite indicator of income, education, and fertility (Socio Demographic Index [SDI]) for each geographic unit and year, that evaluates the historical association between SDI and health loss. Global child and adolescent mortality reduced from 14.18 million (95% uncertainty interval [UI], 14.09 million to 14.28 million) deaths in 2015, but progress has been unevenly distributed. Countries with a lower SDI had a larger proportion of mortality burden (75%) in 2015 than was the case in 1990 (61%). Most deaths in 2015 occurred in South Asia and Sub-Saharan Africa. Global trends were driven by reductions in mortality owing to infectious, nutritional, and neonatal disorders, that in aggregate led to a relative increase in importance of noncommunicable diseases and injuries in explaining global disease burden. The absolute burden of disability in children and adolescents increased 4.3% (95% UI, 3.1-5.6%) from 1990-2015, with much of the increase owing to population growth and improved survival for children and adolescents to older ages. Other than infectious conditions, many top causes of disability are associated with long term sequelae of conditions present at birth (e.g. neonatal disorders, congenital birth defects, and haemoglobinopathies) and complications of a variety of infectious and nutritional deficiencies. Anemia, developmental intellectual disability that can arise from multiple causes. Maternal and reproductive health remains a key cause of disease burden in adolescent females, especially in lower SDI countries. In low SDI countries, mortality is the primary driver of health loss for children and adolescents, whereas disability predominates in higher SDI locations; the specific pattern of epidemiologic transition

varies across diseases and injuries. Thus concluding that consistent international attention and investment have led to improvements in causes of health loss among children and adolescents in many countries, although progress has been uneven. The persistence of infectious diseases in some countries, coupled with ongoing epidemiologic transition to injuries and non communicable diseases require all countries to carefully evaluate and implement appropriate strategies to maximize the health of their children and adolescents and for the international community to carefully consider which elements of child and adolescent health should be monitored [1]. Further Kohler 2018 on reflections from a child public Health perspective underlined the dramatic changes in children's condition in Europe over the last century that includes considerable improvement in health. He further emphasized on important gaps in our knowledge about essential areas in children's health panorama and about particularly vulnerable subgroup of children, which are less healthy, less well cared for and not enjoying the good conditions of life. Further an evident lack of child's perspective is seen that implies acknowledgement and actions on the views of the children themselves. Moreover in spite of the generally improving standard, societal inequity in economy, education and health is increasing and the recent economic crises have struck hard on families with children. There are many good signs implying continuing progress for children and their conditions and also improved respect for their rights. But with the increasing segregation in our societies, the risk is imminent that health problems will increase, and that some groups get left far behind. Although actions in this field are primarily a political responsibility, people working with children can make a difference. There are many examples of projects, particularly on local levels, where professionals act to promote children's health, prevent their ill health behavior, rather than to repair their diseases. Children's particular needs and protection is now generally accepted, and the growing concern for their rights open a window to the future for a more powerful child health advocacy [2].

Other specific causes country wise important are tackling teenage pregnancy in adolescents in south Asia specifically, comorbidity due to attention deficit hyperactivity disorder as presented in Spain, measles cases because of failure of immunization, heart failure in children in Ethiopia [3-6]. Thus looking at the nutritional needs and other specific causes can improve childhood health globally with the local governments need to act specifically as for needs nutritionally, Immunization and higher income countries looking specifically on individual childrens problems.

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