



Redefining Child Health in the Era of Global Crises: A Call for Equity, Innovation, and Advocacy

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The landscape of child health is evolving rapidly in the face of global challenges—ranging from climate change and pandemics to humanitarian crises and socio-economic disparities. As pediatric healthcare professionals and researchers, we are uniquely positioned to advocate for and implement solutions that prioritize the health and well-being of our youngest and most vulnerable populations.

In low- and middle-income countries (LMICs), where health systems often face resource limitations, the burden of preventable diseases continues to be high. Malnutrition, vaccine-preventable illnesses, and lack of access to neonatal and perinatal care remain key contributors to under-5 mortality. Simultaneously, in high-income countries, we are witnessing an alarming rise in childhood obesity, behavioral health issues, and chronic diseases—often reflecting social determinants of health and inequities in care.

It is within this context that our collective responsibility as clinicians, scientists, and policy influencers becomes even more critical. Our research must be grounded in equity, our clinical practices rooted in empathy, and our advocacy based on robust evidence. Journals like *Acta Scientific Paediatrics* play a vital role in amplifying voices from diverse regions, especially those from underrepresented communities and healthcare systems.

Neonatal care: A foundational investment

Among the most impactful interventions in child health is the enhancement of neonatal care. Improvements in antenatal corticosteroid use, infection control, early enteral nutrition, and respiratory support have significantly reduced neonatal mortality. However, there remains a pressing need for standardizing care

in preterm infants, investing in long-term neurodevelopmental follow-up, and tailoring interventions based on local epidemiology and resource availability.

In my own clinical experience, working in a government MCH hospital for nearly two decades, I have seen firsthand how a small shift in practice—such as timely initiation of kangaroo mother care or evidence-based fluid management in neonates—can dramatically improve outcomes. These are scalable, cost-effective strategies that merit global implementation and adaptation.

Looking ahead

As we contribute to academic discourse through this journal, let us also remind ourselves that the true impact of our work lies in its translation into practice. The child suffering from preventable pneumonia, the adolescent battling mental health issues, the preterm infant fighting for survival in a rural NICU—all deserve our attention, innovation, and advocacy.

I invite my colleagues across the globe to share their experiences, publish their insights, and collaborate on research that has real-world impact. Together, we can shape a future where every child—not just a privileged few—has the right to a healthy start and a dignified life.

Let this editorial board be not only a platform for scientific excellence but also a beacon for compassionate, inclusive, and transformative pediatric care.