



Letter

Children first, or last?

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My focus as a clinician scientist, neonatologist and mother, is child health and wellbeing. Here, I highlight four cardinal global challenges.

The first is the limited incorporation into national policies, of insights from the growing understanding of causal pathways and aberrant trajectories that are initiated in fetal life and infancy, amplified throughout life and add to the growing population prevalence of chronic non-communicable diseases. Thus, babies born preterm are at around twice the risk of developing the metabolic syndrome and related non-communicable diseases years later, in adult life [1], and those born to obese mothers at up to 7-fold increased risk of diabetes. Diabetes currently costs the UK economy in excess of £13.7 billion per annum. Were these relationships recognised more widely, and were there more public outcry, the health of women and children might be promoted more assiduously, and the dominance of the junk food industries countered more effectively [2].

The second is the continuing bias, conscious and unconscious, against women and girls. The consequences are serious and all-pervasive, affecting health and wellbeing directly and indirectly. For example, in many areas around the world, women and girls are still considered unclean and barred from places of worship when menstruating, subjected to genital mutilation, and denied contraception and abortion. Girls remain less likely than boys to get a good education, and grow up to be self-confident. Women and children are under-represented in science, as researchers, and in studies targeting their needs [3].

Health requires environmental conditions conducive to wellbeing and efficient, equitable, effective health systems in addition to competent practitioners [4]. The third challenge is to persuade the leaders of professional bodies and healthcare organisations to acknowledge their duty to influence these wider politically and ideologically driven determinants of health and wellbeing for the benefit of their patients.

The final challenge is that children have no vote, hence are denied their democratic right to a voice, and a say in their futures. I have therefore suggested that lowering the voting age to 16 is long overdue and providing parents with proxy votes for their children might be an effective means of focusing the attention of governments upon child health [5].

Author's contribution

Neena Modi is sole author of this letter.

Declaration of Interests

Neena Modi is Professor of Neonatal Medicine at Imperial College London, President of the Medical Women's Federation, immediate past-president of the UK Royal College of Paediatrics and Child Health, vice-chair of the Strategy and Advocacy Committee of the Medical Women's International Association and former president of the Neonatal Society and the Academic Paediatrics Association of Great Britain and Ireland. The views expressed are her own. NM reports grants from the National Institute for Health Research, Medical Research Council, British Heart Foundation, Health Data Research UK, HCA International, Shire Pharmaceuticals, Prolacta Life Sciences, Chiesi Pharmaceuticals, and March of Dimes, outside the submitted work. NM is a member of the Nestle Scientific Advisory Board and accepts no personal remuneration for this work. NM is a patron of Keep Our NHS Public and HealthProm, and a trustee of the charities TheirWorld and Action Cerebral Palsy.

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