



Global Pediatric Emergency Care: Updates and Perspectives from the Field

Colleen Fant, MD, MPH

Since the last time global health was featured in this journal in 2012, this dynamic field has continued to grow and evolve to strive towards the improvement of healthcare for children around the world. The old guard of global health in the emergency care for children was largely focused on clinical service provision, and the use of experts from the global north flying in to complement the care of providers in the global south. Major funding streams have primarily been vertical and disease-focused (i.e. funding for HIV, Tuberculosis, and Malaria). However, the emergent care of children is a horizontal service, encompassing triage from local clinics, emergency medical services and transportation to definitive care, evidence-based resuscitation, and the availability of inpatient care and rehabilitation if necessary. This creates both opportunities and challenges to the improvement of pediatric emergency care in settings with varied resources.

Both pediatric and emergency medicine residencies in the United States (US) have long been sending trainees to work in resource-limited settings (RLS).

While the benefits to US trainees has been well-documented and researched, there continue to be concerns about sending trainees abroad to work in RLS. While many of these challenges will take time to adapt to, the field of "Glocal," leverages the interest in international health to improve the care of children in the US and also highlights the importance of realizing that global health begins at home. Some of the articles in this issue highlight important challenges and domestic efforts to improve the emergency care of children from all settings.

As an international community the challenges and inequities that exist in the care of children have taken on novel and exciting new directions. Whether it's improving the surgical care of children with congenital abnormalities, or taking lessons learned in skills such as sedation, point of care ultrasound, and simulation as an educational modality and bringing them to our partners on the ground in RLS. This is a very exciting time to be engaged in global health work.

As a community of providers dedicated to children not only at home in the US but striving towards equitable care of children regardless of setting, we have the impetus to take lessons from history and partner with providers around the world. I challenge the readers of this issue to push for and prioritize the development of research and evidence-based interventions that put the care of the most marginalized children at the forefront of our academic and personal strategic plans. In our lifetime, we have the opportunity to make major inroads in the

Northwestern University Feinberg School of Medicine, Department of Pediatrics Division of Emergency Medicine, Ann and Robert H. Lurie Children's Hospital of Chicago.

Division of Emergency Medicine, Ann and Robert H. Lurie Children's Hospital of Chicago, 225 E. Chicago Avenue, Chicago, IL 60611. Tel.: +1 815 762 1619.

colleen.fant@gmail.com

emergency care of children in all environments and decide that the healthcare of children should not be

dictated by the resources available where they are born or reside. 🇨🇭