

Plan for the Worst, but Hope for the Best: Investing in Pediatric Services

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Millions of young children throughout the world are not reaching their full potential owing to poor economic conditions, causing a variety of social disadvantages, including inadequate nutrition, lack of early stimulation and education, and major exposure to communicable and noncommunicable diseases.¹ Adverse socioeconomic circumstances in childhood are not isolated experiences^{2,3} but rather cofactors predisposing children to a state of general disadvantage, resulting in various detrimental health consequences associated with increased morbidity and mortality later in life.³

The World Health Organization, the World Bank, and several individual countries have made global investments to reduce socioeconomic gaps in childhood, establishing intervention programs in different settings, particularly in economically disadvantaged countries. Their strategic approach is based on the principle that investing in the early years is one of the smartest investments the global community can make to break the cycle of poverty and address inequality while promoting health and well-being and boosting productivity later in life.⁴

In low- and middle-income countries, approximately 250 million children aged <5 years (43% of this population) will fail to attain their potential because of adversities and deficient socioeconomic conditions that they face during their early years.^{4,5} However, the risk of poverty or social exclusion is also a real threat in many areas traditionally considered economically privileged.⁶ Currently, approximately 30 million European children living in the Eurozone are facing poverty, a dramatic decline in opportunities, and denial of their rights.⁷ The current economic, financial, and social crisis resulting from the COVID-19 pandemic is increasing these risks. Projection data indicate that the pandemic will take its toll on society, particularly on younger people, for some time to come, undermining social welfare, including healthcare systems, in low-, medium-, and high-income countries alike.⁸ The aim of this commentary written by the Working Group on Social Pediatrics of the European Paediatric Association and the Union of National European Paediatric Societies and Associations is to emphasize the importance of investing in pediatric health and services, calling for early action to limit the impact of the COVID-19 pandemic-related global economic recession on young people.

A Decade of Declining Welfare Affecting Children's Health and Well-Being in the Western World

After the Second World War, the state of children's health and well-being in economically advanced countries has steadily improved.⁹ However, more recent events have slowed this positive trend. The global financial crisis of 2009 inaugurated a decade of general socioeconomic decline, which seriously affected the living conditions of people in many Western countries, especially fragile families and their children.¹⁰ Following the 2009 economic depression, approximately 30% of children living in European Union (EU) countries and increasing numbers of US households experienced poverty and social exclusion, resulting in unequal access to resources and opportunities for a healthy and happy childhood, including good nutrition and fair quality education.^{11,12} The 2012 United Nations Children's Fund Report¹³ shows that following the 2007-2009 Great Recession, the United States ranked 34th out of 35 member nations of the Organization for Economic Cooperation and Development.¹⁴ However, income support and direct benefits provided by government programs have mitigated the recessive social effects of economic depression, as the family poverty rate was reduced from an estimated 31% to approximately 16% in 2014.^{15,16} In Europe, modest yet encouraging early signs of recovery from a state of social uncertainty were severely hampered by the unexpected 2020 COVID-19 pandemic, which further distressed the socioeconomic conditions of the European population. In an effort to react to the negative situation, the EU released a recovery plan with a total cost of \$2 trillion,¹⁷ funded by a mix of grant funding and loans to states. The largest long-term budget in the EU's history should be used to confront today's realities and in planning to prevent tomorrow's uncertainties. However,

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despite the commitments made by EU decision makers, the national European pediatric societies raised strong concerns, as marginalized communities and vulnerable group populations, including children and elderly persons, are currently at risk for becoming even more vulnerable owing to a prolonged state of emergency caused by the pandemic.^{12,18} Their health and well-being may suffer a long-term decline that could be difficult to reverse owing to further worsening of their socioeconomic conditions, already compromised by the recessive effects of the 2009 financial crisis.¹⁹

Childhood Poverty and Social Exclusion in Europe

Children are generally socioeconomically disadvantaged compared with persons of working age.²⁰ The child poverty count is typically multidimensional and based on the analysis of several standard indicators.²¹ The average child poverty rate in the EU countries, which is formally monitored by the EU statistical database (Eurostat), showed significant variations during the past decade. More than 20% of those age <24 years in the EU were living at risk of poverty in 2010; thus, 1 in 5 young people were living in a household with an income <60% of the national median income.²² In 2016, the proportion of children at risk of poverty or social exclusion in the EU was 26.4%. data released by Eurostat for the year 2019 show that 92.4 million people in the EU countries, equivalent to 21.1% of the population, were at risk of poverty or social exclusion.²³ Eurostat reported that in 2019, approximately two-fifths of the population living in single adult households with dependent children were at risk of poverty or social exclusion, and the risk of poverty or social exclusion was also relatively high among households composed of 2 adults with more than 2 children.⁷ These data are of great concern to the European pediatric societies.¹² The data analysis indicates an important cross-country variation in dimensional child poverty rates. However, in every European country there are children living in poverty, including the well-developed northern European countries Germany, Holland, and the Czech Republic, and the Scandinavian model welfare states Norway, Sweden, Denmark, Finland and Iceland.^{7,23} Eurostat reports that in these countries, 11.9%-19.4% children were at risk of poverty or social exclusion during the past decade. In Greece, Italy, Hungary, and Latvia, this figure is 33%-41%, and in Romania and Bulgaria, it is more than one-half (52%).^{24,25}

Social and Economic Return of Investing in Children

During the years following the 2009 global crisis, the European members of the G8, including Italy and France, which have a GDP per capita of between €24 000 and €29 000, had from one-fifth to one-third of their children at risk of poverty or social exclusion.²⁶ Owing to the economic effects of the COVID-19 pandemic, these negative trends will not soon be reversed. Correlations between the economy and the health of children are complex, and establishing causative links is difficult.²⁷ The return of investment on children's services is measurable only over the long term.²⁸ However, several studies have demonstrated that an integrated approach including health, nutrition, education, and income supplementation programs may trigger significant increases in future wages in adulthood for children involved.²⁸⁻³¹

Conclusions

The health and well-being of children is in decline.¹² The Union of the European Societies of Pediatrics is actively engaged in raising the awareness of governments and legislators of the importance of planning for the worst but hoping for the best³² by investing in children. Investments in services useful for improving the physical, mental, and emotional development of children during their developmental years are critical for promoting and preserving their well-being throughout their lifetime.^{33,34} Social mobility in European societies is currently uneven and not improving; well-planned investments in children may help ameliorate this disadvantage and may be passed from one generation to the next.³⁴ Providing individuals with the proper constructive conditions to build a balanced healthy physical and mental state will contribute not only to the quality of life of single individuals or of groups of people, but also to the welfare of nations.^{4,35,36} ■

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