



OPEN ACCESS

EDITED AND REVIEWED BY
Michelle Plusquin,
University of Hasselt, Belgium

*CORRESPONDENCE
T. M. Slusher
✉ tslusher@umn.edu

RECEIVED 01 April 2023
ACCEPTED 12 July 2023
PUBLISHED 26 July 2023

CITATION

Howard CR, Gbadero DA, Slusher TM and Bode-Thomas F (2023) Editorial: Evidenced based medical care of hospitalized children with local adaptations in low-resource settings. *Front. Pediatr.* 11:1198673.
doi: 10.3389/fped.2023.1198673

COPYRIGHT

© 2023 Howard, Gbadero, Slusher and Bode-Thomas. This is an open-access article distributed under the terms of the [Creative Commons Attribution License \(CC BY\)](https://creativecommons.org/licenses/by/4.0/). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

Editorial: Evidenced based medical care of hospitalized children with local adaptations in low-resource settings

C. R. Howard¹, D. A. Gbadero^{2,3}, T. M. Slusher^{1,4*} and F. Bode-Thomas^{5,6}

¹Department of Pediatrics, Global Pediatrics Program, University of Minnesota, Minneapolis, MN, United States, ²Department of Paediatrics, Bowen University, Iwo, Nigeria, ³Department of Paediatrics, Bowen University Teaching Hospital, Ogbomoso, Nigeria, ⁴Department of Paediatrics, Hennepin Healthcare, Minneapolis, MN, United States, ⁵Department of Paediatrics, University of Jos, Jos, Nigeria, ⁶Department of Paediatrics, Jos University Teaching Hospital, Jos, Nigeria

KEYWORDS

low-resource, hospitalized, children, adaptations, evidence-based

Editorial on the Research Topic

Evidenced based medical care of hospitalized children with local adaptations in low-resource settings

The series of articles recently published in *Frontiers in Pediatrics* explored *evidence-based medical care of hospitalized children with local adaptations in low-resource settings*. Successful implementation of life saving medical care for children in local settings was described by [Satrom et al.](#) and [Wu et al.](#). Gaps in implementation of diagnostic and therapeutic modalities to prevent childhood morbidity and mortality were clearly illustrated in the studies from [Han et al.](#), [Menalu et al.](#), [Villanueva-Uy et al.](#), and [Ba-alwi et al.](#). We were encouraged to see the innovations captured by recent advances in the identification of neonatal jaundice and the prevention of acute bilirubin encephalopathy ([Satrom et al.](#), [Villanueva-Uy et al.](#)); and ingenuity, well described by [Wu et al.](#) as they highlighted new methods to breathe for infants and children who would otherwise die due to acute respiratory failure secondary to prematurity or lower respiratory tract infections.

The pivotal role of education was emphasized including maternal and village health workers' education in the recognition of neonatal jaundice and neurological dysfunction ([Satrom et al.](#)); the creative adaptation of virtual education across continents reported by [Le Pichon](#) to train physicians who do not have access to sub-specialty expertise in their own locale ([Le Pichon et al.](#)); and partnership was beautifully illustrated by [Fant et al.](#) as they reported on the Maseno University-Northwestern University simulation-based medical education collaborative. Household education and prevention were also emphasized in the study of the epidemiology of burns in central China by [Han et al.](#). Neonatal survival studies from Ethiopia and Tanzania highlighted the ongoing challenge of improving newborn survival ([Menalu et al.](#), [Ba-alwi et al.](#)). Both captured the need for early intervention and treatment.

Prevention is the focus of our specialty as pediatricians and vaccines are our most powerful weapon to prevent infectious diseases and their morbidity and mortality as in the case of the multisystem inflammatory syndrome of COVID. [Douangboupha et al.](#) call

for expanded access to SARS-CoV-2 vaccine for children in addition to equitable care for children no matter where they live especially in resource limited settings.

The common thread through all these reports from Asia and Africa is implementation of what we already know works to save the lives of children no matter where they live. There are many barriers to this goal. One challenge is assuring that every child has access to prevention, which is often as simple as maternal education about how to child proof the home to prevent burns and as complicated as barriers to available, accessible, affordable, and effective vaccines. State of the art laboratories are woefully limited in many parts of the world. Availability, accessibility, and affordability of life saving medicines are a barrier to implementation of evidence-based treatment, insulin being a prime example throughout the world.

Authors from Asia, Africa and North America are represented in these studies/publications which remind us of how creative, innovative, ingenious, and relevant we can be in pediatric medicine across the globe. We are also reminded of the inequities in parental education, sub-specialty training, laboratory diagnosis, and medical care. Implementation science is the frontier we as pediatricians need to fully engage across multiple disciplines including political and economic disciplines with innovation and determination in ethical and sustainable partnerships if we are to close every gap identified in these studies. Filling these gaps requires the interdisciplinary expertise of individuals from resource limited areas of a country or continent to be fully funded and in leadership roles to direct implementation research with the goal of adapting the wealth of

evidence based medical care for hospitalized children to the local community of every child. Working together in truly equitable, ethically sound partnerships across the globe we can tackle the challenges to health and well-being our children face as demonstrated in this series of articles.

Author contributions

All 4 editors wrote this publications and agree with its publication.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.