

My entire work in global health and critical care in low or middle income countries is based on health inequities globally. Critical illness relating to disciplines of emergency and intensive care medicine has always been my base specialties. Realization that the majority of children world-wide die in resource limited settings impelled me to think globally. Over 95% of children die in Sub-Saharan Africa and Asia, many deaths due to sepsis and infectious complications.

Over several years I have transitioned from critical care and global health issues relevant to marginalized populations in North America (Canada & USA); having spent a sabbatical in South Africa have now worked extensively in Sub-Saharan Africa & Asia.

We educated families about danger signs and better health seeking behaviour. Interventions resulted in an increase return visits by 100% and a decrease in mortality. Our initial successes have led to funding from several agencies including The Thrasher Foundation, Mining Industry, The Muscoka Initiative and Grand Challenges Canada to continue work looking at several aspects of decreasing the burden of sepsis and increasing outcomes in resource poor environments.

My research includes in-hospital and post-discharge mortality in children following severe infections. It is now well recognized that the children who are discharged after severe infection may die in similar numbers within the next 3-6 months. Now working on a global agenda for research and quality improvement in sepsis.

Niranjan "Tex" Kissoon, MBBS, MD, FRCP(C), FAAP, MCCM, FACPE, Executive Medical Director, Children's and Women's Global Health, BC Children's Hospital

