

Children are not the face of this pandemic. But they risk being among its biggest victims. While they have thankfully been largely spared from the direct health effects of COVID-19 - at least to date – the crisis is having a profound effect on their



malnutrition is expected as 368.5 million children across 143 countries who normally rely on school meals for a reliable source of daily nutrition must now look to other sources. The risks to child mental health and well being are also considerable. Refugee and internally displaced children as well as those living in detention and situations of active conflict are especially vulnerable.

- > **Risks for child safety:** Lockdowns and shelter in place measures come with heightened risk of children witnessing or suffering violence and abuse. Children in conflict settings, as well as those living in unsanitary and crowded conditions such as refugee and IDP settlements, are also at considerable risk. Children's reliance on online platforms for distance learning has also increased their risk of exposure to inappropriate content and online predators

This policy brief provides a deeper analysis of these effects. It identifies also a series of immediate and sustained actions for the attention of governments and policymakers, including in relation to the following three priorities:

- **Rebalance the combination of interventions to minimize the impact of standard physical distancing and lockdown strategies on children in low-income countries and communities and expand social protection programmes to reach the most vulnerable children.**

- **Prioritize the continuity of child-centred services, with a particular focus on equity of access – particularly in relation to schooling, nutrition programmes, immunization and other maternal and newborn care, and community-based child protection programmes.**
- **Provide practical support to parents and caregivers, including how to talk about the pandemic with children, how to manage their own mental health and the mental health of their children, and tools to help support their children's learning.**

For each of the above, specific protections must be put in place for vulnerable children including refugees, the displaced, homeless, migrants, minorities, slum-dwellers, children living with disabilities, street children living in refugee settlements, and children in institutions.

Now is the time to step up international solidarity for children and humanity— and to lay the foundations for a deeper transformation of the way we nurture and invest in our world's youngest generation.

The United Nations system – our agencies, funds, programmes and the Secretariat entities – are working across all settings and stand ready to support all governments and societies.

1. The channels through which COVID-19 affects children

The COVID-19 pandemic presents the greatest test the world has faced since the Second World War and the formation of the United Nations.

To understand impact on the world's children, it is helpful to distinguish three channels through which their lives are being affected.

Thankfully, children have been largely spared from the severe symptomatic reactions more common among older people—at least to date. Numerous cases of hospitalizations and deaths of children who have succumbed to the virus have been recorded, but these are exceptions and are likely related to prior conditions. Much more common has been for children to tragically lose a parent, family member, or caregiver to COVID-19. The psychosocial impacts of such loss on children should not be overlooked.

As health services become overwhelmed in caring for large numbers of infected patients requiring treatment, children and pregnant women are less able to access standard care.¹ Children

the impacts on these children, as economies struggle and government spending is restricted; and the more likely the increase in their numbers. In active conflict situations, the panou ie rth

Before this crisis, we lived in a world that failed to care adequately for children; where a child under age 15 dies every five seconds; where one in every five children is malnourished (stunted); over half (53%) of 10-year old children in low- and middle-income countries (as high as four in five children in poor countries) can't read and understand simple stories; and one child in four under the age of 5 does not have their birth registered. The longer the current crisis, the more dramatic

2. The impacts of COVID-19:



In many countries, we have seen rapid expan-



disabilities and special needs are especially hard to serve through distance programmes. The quality and accessibility of distance learning can be expected to vary greatly both across and within countries. Only 15 countries are offering distance instruction in more than one language.¹²

Those losses will be greatest for children who, triggered by the pandemic, drop out of school altogether. That possibility becomes greater the longer schools are closed and the deeper the economic contraction wrought by the pandemic. Experience with HIV in Kenya shows that those children who lose a parent face reduced odds of returning to school.¹³ In situations of continuing conflict, children no longer in school may be incentivized to join armed forces

which COVID-19 is now at large. The epidemiological impact of the virus can be expected to vary over time and in different contexts.

In contrast to the direct impact of COVID-19, the broader effects of the pandemic on child health are significant. Reduced household income will force poor families to cut back on essential health and food expenditures. Drawing again on the forecast for global economic growth from the IMF and the historical relationship between GDP growth and infant mortality in the developing world¹⁵, **hundreds of thousands of additional child deaths could occur in 2020** compared to a pre-pandemic counterfactual scenario. This would effectively **reverse the last 2 to 3 years of progress in reducing infant mortality** within a single year.

These estimates focus only on the effects of this year's global recession on child health and do not account for the multiple ways in which health services are being directly disrupted by the pandemic. This includes reduced access to essential reproductive, maternal, newborn and child health interventions, such as antenatal care, skilled attendance at birth, and treatment for pneumonia. It also includes the suspension of all polio vaccination campaigns worldwide, setting back the decades-long effort to eliminate the wild virus from its last two vestiges, Afghanistan and Pakistan, and to tackle recent outbreaks of the vaccine-derived virus in Africa, East Asia and the Pacific. In addition, **measles immunization campaigns have been suspended in at least 23 countries that had cumulatively targeted more than 78 million children up to the age of 9.**¹⁶ Meanwhile, children and adolescents with chronic illnesses, including those living with HIV, are at risk of reduced access to medicines and care.

Child nutrition is a vital concern. **368.5 million children across 143 countries who normally rely on school meals for a reliable source of daily nutrition must now look to other sources.**¹⁷

That challenge is made greater by the economic

will ultimately be resolved. For children facing extreme deprivations, acute stress can impair their cognitive development and trigger longer-term mental health challenges.

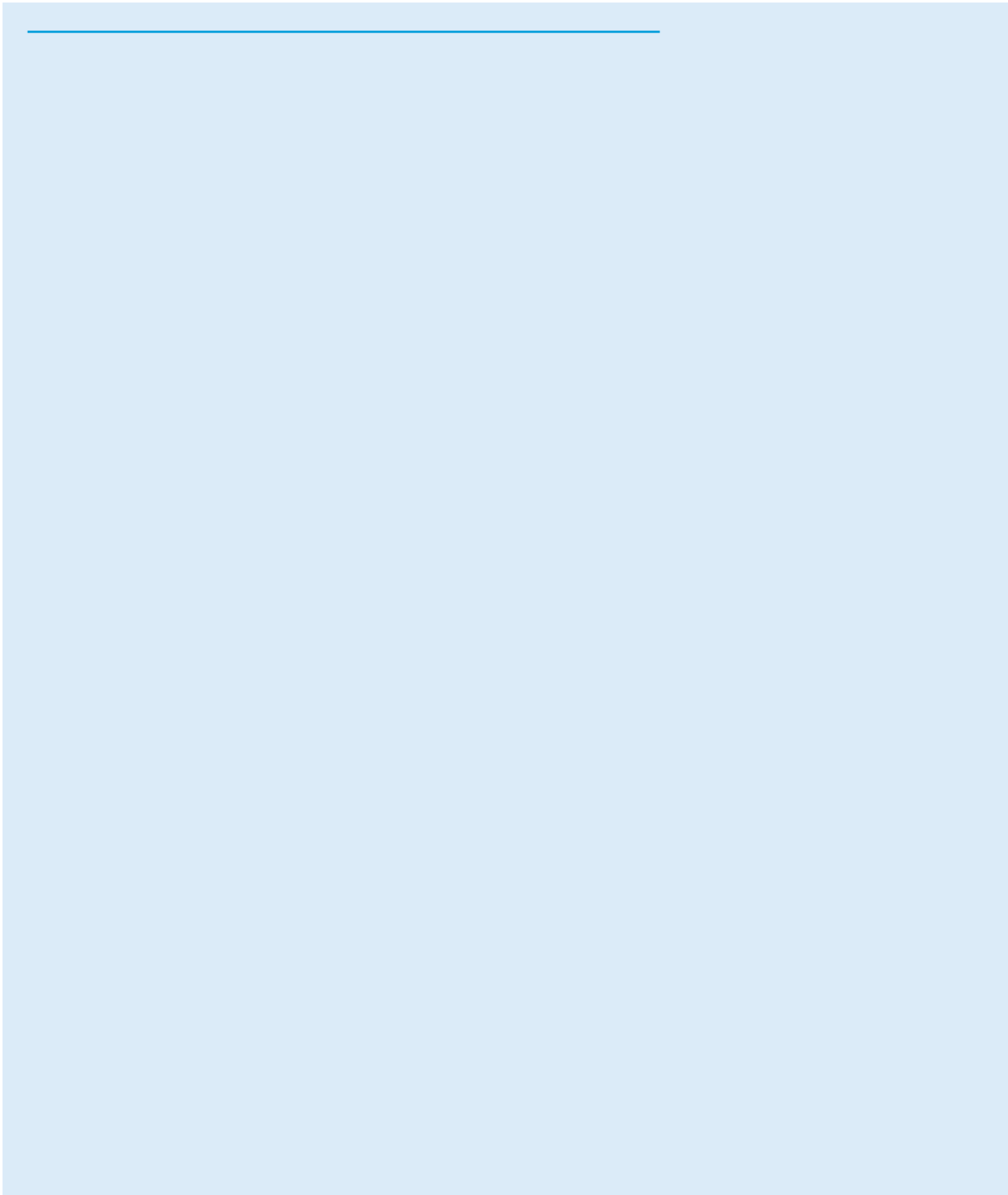
4. Safety

For most children, home represents a source of security and safety. But for a minority, the opposite is tragically the case. Violence by caregivers is the most common form of violence experienced by children.²⁰ Children are also often witnesses to domestic violence against women, the rates of which are thought to have increased in many countries, as detailed in the policy brief on the impact of COVID-19 on women²¹

A billion people worldwide live in slums, informal settlements and inadequate housing²⁴. Standard physical distancing and lockdown measures risk accelerating the spread of the pandemic among these populations, who often lack piped water and hand-washing facilities at home, and rely on communal sanitation facilities. Those same measures again risk destroying the livelihoods of these people, with severe effects for their children. The enforcement of movement restrictions and physical distancing measures can serve as a cover for discrimination and violence against these and other vulnerable children.

Of the world's 13 million child refugees, those who reside in camps or crowded settlements face similar challenges. They, along with a million child asylum-seekers and 17 million internally displaced children worldwide, are among those most likely to be excluded from social protection, and to be negatively affected by movement restrictions that may keep them obtaining a more secure status.

Children with disabilities are among those most



The COVID-19 pandemic is potentially catastrophic for many children around the world. Its impact risks unravelling global progress across several of the Sustainable Development Goals for children, putting already ambitious targets out of sight. Put simply, we cannot afford to let this happen.

Avoiding this outcome will require progress on three fronts.

1. **More information:** An optimal response to COVID-19, balancing multiple risks to save the most lives, can onm6/8 2y 21.7 4)8.7 6)65.7 staid ue moo

- > **Urgent adaptation of standard physical distancing and lockdown strategies** in low-income settings, especially in urban areas, refugee settlements and places affected by active conflicts, which will otherwise exacerbate the negative impacts of the pandemic on children. While optimal adaptations will depend on the setting, a guiding principle will be to rebalance the combination of interventions— testing, physical distancing, contact tracing, public hygiene, movement restrictions—to reflect the characteristics, capacities and resources of each environment.
 - > **Prioritizing the continuity of child-centred services, with a particular focus on equity of access.** These services include schooling, nutrition programmes, maternal and newborn care, immunization services, sexual and reproductive health services, HIV treatment, mental health and psychosocial services, birth registration, community-based child protection programmes, and case management.
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Conclusion

This is an unprecedented crisis and it presents
