

## Prioritising children's rights in the COVID-19 response

Although substantial progress has been made in many aspects of child health in the past two decades, the COVID-19 pandemic and its wide-ranging effects are threatening some of these hard-won gains. Public health measures such as lockdown, school closures, and restrictions in population movement—while necessary to halt virus transmission—are causing prolonged disruption to societal functioning and exacerbating inequalities worldwide. The global Human Development Index (HDI) is projected to decline this year for the first time since 1990, effectively erasing all progress in human development made in the past 6 years.

With resources diverted to tackle the pandemic, many clinical and community health services for children have reduced in capacity. Disruptions to pharmaceutical and medical supply chains mean that many countries, particularly those with low bargaining or buying power, are facing shortages in essential medicines and medical equipment. 80 million children younger than 1 year in at least 68 countries are now at risk of vaccine-preventable diseases such as diphtheria, measles, and polio because of disrupted immunisation services. A modelling study by Timothy Robertson and colleagues in *The Lancet Global Health* estimated that a 9.8–18.5% reduction in coverage of essential maternal and child health services and a 10% increase in child wasting prevalence would lead to 42 240 additional child deaths per month across 118 low-income and middle-income countries.

By mid-April, 86% of the world's children—more than 1.4 billion in total—were out of school. When accounting for those unable to learn remotely without Internet access, 60% of primary school-aged children worldwide and 86% in low-HDI countries are effectively out of education. School closures put those who rely on school meals for daily nutrition at risk of malnutrition, and pauses in education, even for short periods, can have a long-lasting impact on a child's development, well-being, and future earning potential.

Reduced economic activity resulting from the pandemic is expected to cause a 4% decline in gross national income per capita worldwide this year, and an additional 42–66 million children could fall into extreme poverty. Widespread loss in household income puts many out-of-school children at risk of child labour and child marriage. COVID-19-related disruptions to prevention programmes

are estimated to result in an additional 2 million cases of female genital mutilation and 13 million child marriages by 2030 that could otherwise have been averted. All these stressors also contribute to poor mental health and adverse child development outcomes.

These far-reaching consequences call for children and their right to health, education, and protection to be prioritised in the pandemic response and recovery planning. The 2020 KidsRights Index—which assesses how well countries realise children's rights to the best of their resources—shows that, even before the impact of the pandemic is considered, none of the 182 countries included are allocating sufficient budget for these rights.

Recovery from the COVID-19 pandemic is an opportunity for governments worldwide to reassess priorities—advancing human development and reducing disparities, especially for children, must be a major investment. First, health systems need to become more equitable and resilient. They should ensure access to quality essential services, particularly antenatal care, routine immunisation, and treatment for malaria, HIV, and tuberculosis. Strong leadership and investments at the international, country, and local levels are needed to improve governance and to increase the capacity and adaptability of health systems to respond effectively to future crises. Examples include expanding the workforce for child health, achieving universal health coverage, improving water and sanitation, and enhancing disease surveillance. Second, education, especially in the early years, must be prioritised, given its clear benefits in child development and reducing societal inequalities. Therefore, schools should reopen when it is safe to do so, and closing the digital gap will be crucial in providing equal opportunities for children to continue learning, during the pandemic and beyond. Third, as poverty and deprivation disproportionately affect the young, social protection such as cash transfer and nutrition programmes should be strengthened for children, especially those at the margins of society.

Although the COVID-19 pandemic has threatened child health, it can also be a catalyst to start afresh. Children's rights must be central in the recovery phase and in future planning, to regain lost ground and to accelerate progress towards a more equitable, resilient, and sustainable world for all. ■ *The Lancet Child & Adolescent Health*



For more on the **Human Development Index and COVID-19** see <http://hdr.undp.org/en/hdp-covid>

For the **modelling study by Timothy Robertson and colleagues** see **Articles** *Lancet Glob Health* 2020; published online May 12. [https://doi.org/10.1016/S2214-109X\(20\)30229-1](https://doi.org/10.1016/S2214-109X(20)30229-1)

For more on the **effects of COVID-19 on female genital mutilation and child marriage** see [https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19\\_impact\\_brief\\_for\\_UNFPA\\_24\\_April\\_2020\\_1.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf)

For more on **KidsRights Index 2020** see <https://kidsrights.org/news/childrens-rights-globally-under-pressure-due-to-corona-crisis>

For more on the **social protection for children** see **Editorial** *Lancet Child Adolesc Health* 2019; 3: 199