

Impact of the COVID-19 pandemic on global child health: joint statement of the International Child Health Group and the Royal College of Paediatrics and Child Health

International Child Health Group, Royal College of Paediatrics & Child Health

- ▶ Mothers, newborns and children—especially in the poorest countries—are suffering significant indirect impacts on health and care as a result of COVID-19, with potentially long-term adverse effects.
- ▶ Governments, donors, international agencies and civil society organisations engaged in confronting COVID-19 must collaboratively and transparently monitor and publicly report the effects of pandemic response on families and children.
- ▶ Global investments in COVID-19 recovery must prioritise a new era of investment in robust health systems supporting a family-centred model of healthcare and child health programmes.

Despite direct effects on children from the COVID-19 virus being rare so far, the indirect effects of the COVID-19 pandemic worldwide could be catastrophic for children, with considerable excess death and suffering.¹²

Many major causes of poor health and mortality in children are expected to increase this year as a result of the pandemic and the response. At the same time, the capacity of governments, health systems, development and humanitarian organisations to respond to child health is decreased.

Vaccine access is already being compromised due to COVID-19 response and transport restrictions, with great impact in low-income country settings.³ Vaccination activities have been delayed or suspended in at least 27 countries to prevent the spread of COVID-19, despite several having ongoing measles epidemics.⁴ More than 100 million children may go without measles vaccination this year,⁵ and other preventable outbreaks may follow.

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Modelling suggests that for every COVID-19 death prevented by suspension of routine vaccination in order to reduce transmission, substantially more could die as a result.⁶ Childhood malaria deaths are also predicted to double this year⁷ due to down-scaling of prevention and treatment. The World Food Programme predicts a doubling of malnutrition, disproportionately affecting children.⁸

Maternal and child health services, many of which already suffered from a background of underinvestment, limited resilience and fragile demand, are now severely compromised in many low-resource settings due to closures, fear of attending health facilities and lack of personal protective equipment.⁹ Over a million excess child deaths could occur in the next 6 months as a result.¹⁰

Children's mental health and safety are also at risk due to disruption of socio-economic and environmental conditions needed for healthy childhood, and the exacerbation of family and gender-based violence and abuse.¹¹ Hardships for children living in poverty are amplified, a consequence of unemployment and income insecurity.¹²⁻¹³ Girls in particular may drop out of education as families re-enter poverty, and the position of migrant and refugee children has become more precarious.¹⁴

The burden of the indirect consequences of the pandemic will fall disproportionately on children, but we are alarmed at how little attention their needs are receiving.

Child health professionals must advocate for children's needs to become more visible, and for the rights of all children to protection, survival, participation and development to be upheld within global and national actions. We must ensure the impact of the pandemic on children's health and experiences is visible in data and in decision making by strengthening surveillance of the indirect effects and communicating this to the wider public. While attention shifts towards interventions directed towards COVID-19 with a focus on global health security, governments,

international organisations and the private sector must also prioritise the continuation and support of child health programmes throughout this pandemic. We must not leave children behind.

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