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- 19 Mamud I, Al-Mohaimed A. COVID-19: utilizing local experience to suggest optimal global strategies to prevent and control the pandemic. *Int J Health Sci (Qassim)* 2020; **14**: 1–3.
- 20 Dalglish S. COVID-19 gives the lie to global health expertise. *Lancet* 2020; **395**: 1189.
- 21 WHO, UN Foundation and partners launch first-of-its-kind COVID-19 Solidarity Response Fund. March 13, 2020. <https://www.who.int/news-room/detail/13-03-2020-who-un-foundation-and-partners-launch-first-of-its-kind-covid-19-solidarity-response-fund> (accessed July 1, 2020).
- 22 WHO. “Solidarity” clinical trial for COVID-19 treatments. March 18, 2020. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-clinical-trial-for-covid-19-treatments> (accessed July 1, 2020).



After COVID-19, a future for the world’s children?

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In February, 2020, the WHO–UNICEF–*Lancet* Commission’s report *A Future for the World’s Children?* examined threats facing children—from climate change and related crises of poverty, migration, and malnutrition; commercial marketing of harmful substances; and across all sectors, from unsafe roads and hazardous housing to inadequate education and social protection.¹ The COVID-19 pandemic is exacerbating many of these threats, jeopardising child welfare gains, and causing a global economic crisis in which children will be prime casualties.² Yet recovery and adaptation to COVID-19 can be used to build a better world for children and future generations.

Children are less affected clinically by COVID-19 than adults.³ Nonetheless, children are impacted by the pandemic’s indirect effects, not least from separation or loss in their own families. Projections suggest that over a million preventable child deaths might occur due to decreased access to food and disruption of essential health services.⁴ Children risk missing out

on growth monitoring, preventive care, and timely management of acute disease and injuries. Some children are experiencing reduced access to social service referrals while suffering from increased rates of domestic violence.⁵

Even as the COVID-19 response creates short-term benefits such as reductions in air pollution and road traffic injuries, the impacts of the pandemic led the World Food Programme to warn of a coming “hunger pandemic”,⁶ and tens of millions of children worldwide could face extreme poverty.² Malnutrition and poverty in pregnancy and early childhood can negatively influence children’s physical health and cognitive trajectories throughout the life course.⁷ COVID-19 has also prevented continuous education for over 1·5 billion children and young people.⁸ School closures worsen the learning gap since children from wealthier families continue schooling with digital tools, whereas poorer children fall further behind, in all countries.⁹ In some settings, girls might be less likely to resume schooling due to increased rates of early pregnancy, as occurred in Sierra Leone after the outbreak of Ebola virus disease.¹⁰ Meanwhile, hundreds of millions of children who rely on school meals globally are deprived.²

In this pandemic children constantly hear about disease and death, which prompted Norway’s Prime Minister, Erna Solberg, to say, “It’s OK to be scared” in a children-only press conference.¹¹ Many children have been or continue to be unable to play or socialise outside the home. Adolescents especially can suffer when deprived of social stimuli, since peer interaction is key to their development.¹² Many children and adolescents are spending more time online, allowing social interaction for some but also increasing the risk of exploitation, bullying, and intensified commercial



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marketing.^{1,13} The most vulnerable children are those who have been separated from caregivers; in past health-related disasters up to 30% of such children met the criteria for post-traumatic stress disorder.¹⁴ Parents may also struggle to provide the responsive parenting needed to help children thrive during the COVID-19 pandemic.¹⁵

Children's futures are at risk, especially those who are poor, female, disabled, Indigenous, from racial, ethnic, and sexual minorities, or are otherwise vulnerable in unequal societies. Among the children who make up more than half of the world's refugees, the shocks engendered by COVID-19 are especially dire.¹⁶ The UN Committee on the Rights of the Child warned that COVID-19 poses grave threats to children's rights,¹⁷ and the pandemic has been used as a pretext to circumvent laws and treaties designed to protect children—eg, the US order in March, 2020, that allows expulsion of unaccompanied children who are “from a country where a communicable disease exists”.¹⁸

Our Commission showed that what is good for children is good for societies: investment in children's wellbeing provides benefits that are immediate, long term, and intergenerational.¹ While the pandemic will strain public finances, there must be no return to the austerity policies that followed the 2008 financial crash, which escalated health and social crises in Europe¹⁹ and elsewhere. So far, countries' responses have focused on short-term business relief and social protection and not on the long-term recovery needed to create healthier and more equal societies.

Country leaders should put child health and wellbeing at the centre of recovery plans, include experts in children's issues in the relevant task forces and legislative working groups, engage their ministries to work together for children, and ask children and adolescents what changes they would like to see. Action for children also means action on the climate emergency. Enforced global shutdowns are projected to decrease carbon emissions by only 5.5% this year,²⁰ at great cost to human life, showing how deeply humanity's relationship with the environment must change. Removal of fossil fuel subsidies, new taxes on carbon, and stimulus money can fund a child-centred recovery, transforming health systems and societies for the better.

The pandemic's effects have underscored the necessity for coordination across sectors and with communities. The breadth and speed of implementation of multisectoral social protection measures prompted by COVID-19 show what is possible—as do the communities mobilising to care for each other. Local governments are well placed to implement a child-centred agenda, with mayors of dozens of major cities warning there can be no return to “business as usual”.²¹ Putting children at the centre implies radical change: redesigning neighbourhoods to give children spaces to play, valuing care work and ensuring families have time and resources to raise children, ensuring sustainable food systems to nourish growing bodies, and passing on a healthy planet for children to inherit.

Finally, COVID-19 underlines the need for greater international solidarity. World leaders, experts, elders, and ordinary people are calling for a “people's vaccine” for COVID-19 that is free and available to all, and for debt forgiveness to allow countries to improve citizens' lives today and in the future. Our Commission report called for a global movement, bringing together governments, civil society, communities, and children to put action for children at the centre of the Sustainable Development Goals. The policy choices being made today will shape our societies' wellbeing for years to come. As the world responds to COVID-19, we propose one overarching question to guide countries' efforts: are we making the world better for children?

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- 1 Clark H, Coll-Seck AM, Banerjee A, et al. A future for the world's children? A WHO-UNICEF-Lancet Commission. *Lancet* 2020; **395**: 605–58.
 - 2 UN. Policy brief: the impact of COVID-19 on children. New York: United Nations, 2020.
 - 3 Dong Y, Mo X, Hu Y, et al. Epidemiology of COVID-19 among children in China. *Pediatrics* 2020; **145**: e20200702.
 - 4 Roberton T, Carter ED, Chou VB, et al. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. *Lancet Glob Health* 2020; **8**: 901–08.
 - 5 Peterman A, Potts A, O'Donnell M, et al. Pandemics and violence against women and children. Washington, DC: Center for Global Development, 2020.
 - 6 World Food Programme. WFP chief warns of hunger pandemic as COVID-19 spreads (statement to UN Security Council). New York: World Food Programme, 2020.
 - 7 Banks J, Karjalainen H, Propper C. Recessions and health: the long-term health consequences of responses to coronavirus. London: Institute for Fiscal Studies, 2020.
 - 8 UNESCO. COVID-19 impact on education. Paris: UNESCO, 2020. <https://en.unesco.org/covid19/educationresponse> (accessed June 25, 2020).
 - 9 Andrew A, Cattan S, Costa-Dias M, et al. Learning during the lockdown: real-time data on children's experiences during home learning. London: Institute for Fiscal Studies, 2020.
 - 10 Bandiera O, Buehren N, Goldstein M, Rasul I, Smurray A. The economic lives of young women in the time of Ebola: lessons from an empowerment program. Washington, DC: World Bank Group, 2018.
 - 11 Elliot JK. "It's OK to be scared", Norway PM says at kids-only coronavirus briefing. *Global News*, March 19, 2020. <https://globalnews.ca/news/6701272/coronavirus-norway-kids-press-conference/> (accessed June 24, 2020).
 - 12 Orben A, Tomova L, Blakemore S-J. The effects of social deprivation on adolescent social development and mental health. *Lancet Child Adolesc Health* 2020; published online June 12. [https://doi.org/10.1016/S2352-4642\(20\)30186-3](https://doi.org/10.1016/S2352-4642(20)30186-3).
 - 13 UNICEF Lao PDR. Keeping children safe online during the COVID-19 pandemic. 2020. <https://www.unicef.org/laos/stories/keeping-children-safe-online-during-covid-19-pandemic> (accessed June 24, 2020).
 - 14 Sprang G, Silman M. Posttraumatic stress disorder in parents and youth after health-related disasters. *Disaster Med Public Health Prep* 2013; **7**: 105–10.
 - 15 Cluver L, Lachman JM, Sherr L, et al. Parenting in a time of COVID-19. *Lancet* 2020; **395**: e64.
 - 16 Nott D. The COVID-19 response for vulnerable people in places affected by conflict and humanitarian crises. *Lancet* 2020; **395**: 1532–33.
 - 17 UN Committee on the Rights of the Child. The Committee on the Rights of the Child warns of the grave physical, emotional and psychological effect of the COVID-19 pandemic on children and calls on states to protect the rights of children. Geneva: UN Committee on the Rights of the Child, 2020.
 - 18 US Centers for Disease Control and Prevention. Order suspending introduction of persons from a country where a communicable disease exists. 85 FR 16567. Washington, DC: Department of Health and Human Services/Centers for Disease Control and Prevention, 2020.
 - 19 Karanikolos M, Mladovsky P, Cylus J, et al. Financial crisis, austerity, and health in Europe. *Lancet* 2013; **381**: 1323–31.
 - 20 Evans S. Analysis: coronavirus set to cause largest ever annual fall in CO2 emissions. CarbonBrief, 2020. <https://www.carbonbrief.org/analysis-coronavirus-set-to-cause-largest-ever-annual-fall-in-co2-emissions> (accessed June 24, 2020).
 - 21 Global Mayors COVID-19 Recovery Task Force. C40 Cities: Mayors' Statement of Principles: C40 Cities. May 7, 2020. https://www.c40.org/press_releases/taskforce-principles#principles (accessed June 24, 2020).