Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Integrative approaches required to support children affected by COVID-19

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Combining fertility and excess mortality rates, Juliette Unwin and colleagues estimate 5·2 million (95% credible interval 3·6–5·7) children lost a caregiver to COVID-19 between March 1, 2020, and Oct 31, 2021.[1] Their modelling represents an ongoing attempt to hit a moving target—heart-wrenching and unavoidably incomplete. Beyond updating earlier estimates, the authors add value through describing orphanhood "by time, person, and place". In doing so, they draw attention to the importance of dynamic, multilevel systems in shaping the crisis. Orphanhood increases a range of economic, social, educational, and health risks.[2] To best protect children, we must consider the individual, family, community, national, and global factors that affect their wellbeing, and how these can be integrated in an adaptive response.[3]

Unwin and colleagues thoughtfully stratify orphan estimates across many key factors, including the child's life stage, gender, parent's gender, geographical region, and time. By providing estimates disaggregated by age, we are reminded that orphaned adolescents require support for personal autonomy and transitioning to adulthood, whereas younger children require more immediate, full-time nurturing. Similarly, the breakdown by gender highlights distinct vulnerabilities. Girls might be more likely to be expected to take up household responsibilities, and subsequently underperform academically; they are more likely to suffer sexual violence and exploitation.[4]

All orphaned children will miss the interpersonal investments of knowledge, guidance, practical, and emotional support from deceased parents. The gender of the deceased parent will affect specific familial contributions often prescribed by cultural norms. In many cultures, paternal orphans will suffer more financially, potentially contributing to food and shelter insecurity. In many cultures, maternal orphaned households will suffer more from losing social and emotional stability, potentially increasing the risk of child neglect and abuse.

As Unwin and colleagues note, young people require support to cope with the many risks that orphanhood imposes. Too often, interventions are narrowly focused on building only individual, psychological ruggedness rather than also building household-level and higher-level resilience. A thoughtful approach will recognise that there are important differences in what families need related to how deceased parents uniquely contributed. Cash transfers, investments in the mental, social, and parenting skills of guardians, and nurturing social networks can be effective at building caregiver and household resilience.[5,6] Interventions should be tailored to offset specific challenges within each orphaned child's and household's unique circumstance.

Community and cultural factors also influence the degree to which, and resources by which, orphaned households receive support. Schools can be more responsive to the range of adversities faced by COVID-19 orphaned families, and can invest in the nurturing capacities of teachers and administrators.[6] Faith organisations, civil society organisations, and other hubs of community life could implement programmes to support the economic, social, educational, and health challenges of orphaned children based on household and individual needs. Community groups, schools, and clinics could strengthen bereavement support and sensitise providers to resilience-enabling mechanisms for children.[6,7]

Unwin and colleagues explore relationships between orphanhood and context. Orphanhood rates, and related adaptive capacities across the levels of individual, household, community, and society,[8] vary substantially by country and region. In high-income countries, vaccine hesitancy contributed to orphanhood; in lower-income countries, scarcity of available vaccines contributed to orphanhood. In higher-income countries with more individualistic cultures, a lower sense of shared responsibility for all children might limit the response to supporting COVID-19 orphans. In low-income countries with more collectivistic cultures, financial strain might limit practical responses to supporting COVID-19 orphans. Each global region, country, and community will have to investigate available assets and challenges to supporting an adaptive, synergistic, and responsive approach that is informed by the needs of orphaned children and their most immediate caregivers.

Finally, the authors draw attention to the dimension of time. The pace of COVID-19 orphanhood has risen drastically. Between the first 14 months and next

6 months of the pandemic, the global incidence of orphanhood more than doubled from about 127 000 per month to just over 250 000 per month. This increase occurred when vaccines were widely available in many countries. Since then, a new variant (omicron) has increased mortality again, and future variants might again change the geographical pattern of orphaning. Optimal interventions will continue adapting to young people's changing developmental stage, specific situation, and cultural context.

Unwin and colleagues focus our attention on children and adolescents who are affected by parental deaths; it is worth remembering post-acute COVID-19 syndrome (ie, long COVID-19) has not been well defined yet.[9] We do not know population prevalence or case trajectories for long COVID-19, or how long COVID-19 presents challenges to affected parents and their children. Children of parents with other chronic health challenges face various social, physical, educational, and economic adversities.[10] These potential adversities will need to be explored among parents with long COVID-19 to inform multilevel, multisystemic responses to support child resilience.

COVID-19 orphanhood confronts us at a time nearing resource exhaustion across multiple systems. The consequences of orphanhood linger throughout the course of a lifetime, affecting futures of families, communities, and societies. We determine how long our communities will suffer the effects of COVID-19 by urgently determining the quality and force of our concern for orphaned young people.

We declare no competing interests.

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1 Unwin HJT, Hillis S, Cluver L, et al. Global, regional, and national minimum estimates of children affected by COVID-19-associated orphanhood and caregiver death, by age and family circumstance up to Oct 31, 2021: an updated modelling study. *Lancet Child Adolesc Health* 2022; published online Feb 24. https://doi.org/10.1016/S2352-4642(22)00005-0.
2 Goodman ML, Johnson TM, Guillot-Wright S, Porter KA, Keiser PH, Gitari S. How do Kenyan orphan girls experience less meaningful lives and how much does it matter for 'health'? *Qual Life Res* 2017; **26:** 1551–59.
3 Ungar M, Theron L. Resilience and mental health: how multisystemic processes contribute to positive outcomes. *Lancet Psychiatry* 2020; **7:** 441–48.
4 Jukes M, Simmons S, Bundy D. Education and vulnerability: the role of schools in protecting young women and girls from HIV in southern Africa. *AIDS* 2008; **22:** S41–56.
5 Beegle K, De Weerdt J, Dercon S. Orphanhood and the long-run impact on children. *Am J Agric Econ* 2006; **88:** 1266–72.
6 Luthar SS, Ebbert AM, Kumar NL. Risk and resilience during COVID-19: a new study in the Zigler paradigm of developmental science. *Dev Psychopathol* 2021; **33:** 565–80.
7 Bergman AS, Axberg U, Hanson E. When a parent dies—a systematic review of the effects of support programs for parentally bereaved children and their caregivers. *BMC Palliat Care* 2017; **16:** 39.
8 Ungar M. Resilience, trauma, context, and culture. *Trauma Violence Abuse* 2013; **14:** 255–66.
9 Crook H, Raza S, Nowell J, Young M, Edison P. Long Covid—mechanisms, risk factors, and management. *BMJ* 2021; **374:** n1648.
10 Stone AL, Wilson AC. Transmission of risk from parents with chronic pain to offspring: an integrative conceptual model. *Pain* 2016; **157:** 2628–39.

Adolescent girls at the fore: UNICEF's Gender Action Plan

In the face of multiple intersecting challenges, including the COVID-19 pandemic, climate change, persistent humanitarian crises, and stubbornly entrenched inequalities, UNICEF recognises the unprecedented opportunity the world has to build back in a more just, equitable, and inclusive way—one that offers our children the prospect of a truly gender equal society.

In September, 2021, following on commitments made at the Gender Equality Forum,[1] and after a year-long highly consultative process with UNICEF staff, governments, civil society partners, and young people worldwide, UNICEF introduced a new, collaboratively produced, evidence-driven, and rights-based Gender Action Plan (GAP).[2]

The GAP, 2022–25, alongside a new Gender Policy, 2021–30, recommits UNICEF to gender equality as a core value and an accelerator towards the 2030 Agenda for Sustainable Development. The GAP and Gender Policy recognise that, although many countries have made progress, the aspiration of achieving gender equality and empowering all women and girls by 2030 remains far out of reach.[3] Furthermore, many of the gains made to date have proven to be quite fragile.

The GAP describes time-bound, targeted actions to advance gender equality across all sectors and in all contexts in which UNICEF works—health, nutrition, education, social policy, child protection, and water, sanitation, and hygiene. In addition to these time-bound targets, the GAP focuses on adolescent girls aged 10–19 years.

Adolescent girls and young people who do not conform to traditional gender norms and expectations face particularly unique and persistent barriers to fulfilling their potential.[4] For example, child marriage, HIV, and


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