

**Policy Brief:
The Impact of
COVID-19
on children**

15 APRIL 2020

Executive Summary

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 wellbeing. All children, of all ages, and in all countries, are being affected, in particular by the socio-economic impacts and, in some cases, by mitigation measures that may inadvertently do more harm than good. This is a universal crisis and, for some children, the impact will be lifelong.

Moreover, the harmful effects of this pandemic will not be distributed equally. They are expected to be most damaging for children in the poorest countries, and in the poorest neighbourhoods, and for those in already disadvantaged or vulnerable situations.

There are three main channels through which children are affected by this crisis: infection with the virus itself; the immediate socioeconomic impacts of measures to stop transmission of the virus and end the pandemic; and the potential longer-term effects of delayed implementation of the Sustainable Development Goals.

All of this is affecting children in multiple ways:

- **Falling into poverty:** An estimated 42-66 million children could fall into extreme poverty as a result of the crisis this year, adding to the estimated 386 million children already in extreme poverty in 2019.
- **Exacerbating the learning crisis:** 188 countries have imposed countrywide school closures, affecting more than 1.5 billion children and youth. The potential losses that may accrue in learning for today's young generation, and for the development of their human capital, are hard to fathom. More than two-thirds of countries have introduced a national distance learning platform, but among low-income countries the share is only 30 percent. Before this crisis, almost one third of the world's young people were already digitally excluded.
- **Threats to child survival and health:** Economic hardship experienced by families as a result of the global economic downturn could result in hundreds of thousands of additional child deaths in 2020, reversing the last 2 to 3 years of progress in reducing infant mortality within a single year. And this alarming figure does not even take into account services disrupted due to the crisis – it only reflects the current relationship between economies and mortality, so is likely an under-estimate of the impact. Rising

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.

The first channel is through infection with the virus.

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.

The second channel is through the socioeconomic effects of the virus and related measures to suppress transmission and control the pandemic.

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 of frontline workers have also had to adapt to

alternative childcare arrangements. Children living in areas of armed conflict, who already struggle extensively to access health services may be further excluded from attention and access to the severely stretched health systems. Physical distancing and lockdown measures, restrictions of movement and border closures, and surveillance strategies are all affecting children in myriad ways. Face-to-face child services – schooling, nutrition programmes, maternal and newborn care, immunization services, sexual and reproductive health services, HIV treatment, alternative care facilities, community-based child protection programmes, and case management for children requiring supplementary personalized care, including those living with disabilities, and abuse victims – have often been partially or completely suspended. The impact of the pandemic extends far beyond the sphere of physical health. The pandemic is having profound effects on children's mental well-being, their social development, their safety, their privacy, their economic security, and beyond, as we explore in the following section. Children living in refugee settlements and those living in refugee settlements or other crowded conditions are especially vulnerable. **While children are not the face of this pandemic, its broader impacts on children risk being catastrophic and amongst the most lasting consequences for societies as a whole.**

¹ See: UN Policy Brief on the Impact of COVID-19 on Women

The third channel is the risk that the virus and its response poses to the longer-term efforts to achieve the Sustainable Development Goals and ensure the realization of the rights of all children.

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

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 pandemic or pandemic response may increase the push and pull factors for child recruitment, as well as sexual exploitation and abduction. **What started as a public health emergency has snowballed into a formidable test for global development and for the prospects of today's young generation.**

The overall impact of the pandemic on children reflects the combined effects from these three channels, which is the focus of the following section.

2. The impacts of COVID-19: dimensions and scale

Just as there are multiple channels through which the pandemic is affecting children, so there are multiple dimensions to its impact on the young. The effects could be grouped into four parts: 1) falling into poverty; 2) learning; 3) survival and health; and 4) safety.

While it is too soon to quantify the ultimate size of these effects—and decisions by policy-makers will play a critical role in determining their scale—it is possible to present some initial estimates and reference points.

1. Falling into poverty

The physical distancing and lockdown measures needed to save lives and suppress the transmission of the virus have resulted in a significant reduction of economic activity across all major economies and the resultant global recession. The severity of the recession remains to be seen but the socio-economic impacts were laid out in detail in the [title policy brief on the socioeconomic impact]². Estimates by the IMF³ anticipate global income contracting by 3 percent in 2020, under the assumption that the pandemic recedes in the second half of this year. An already grave situation could easily become much worse if capital outflows from

emerging and developing economies trigger a cascade of disorderly sovereign defaults.

At a household level, the collapse in income threatens the livelihoods of millions of households with children around the world. Inputting the forecasts from the IMF optimistic scenario into an IFPRI poverty model⁴ indicates an **increase in extreme poverty (PPP\$1.90 a day) this year of 84 to 132 million people, approximately half of whom are children**, compared to a pre-pandemic counterfactual scenario.

These initial estimates capture only the effects of a global downturn on poor households, ignoring the localized effects of household breadwinners being forced to shelter in place, or migrate back to their rural homes, abandoning their normal livelihoods. Financial diaries from 60 low-income households in the Hrishipara neighbourhood in central Bangladesh capture the sudden collapse of daily incomes when lockdown measures are introduced (see Figure 1).⁵ Historically, the burden of such shocks on households have disproportionately been borne by girls.

Such income shocks at the household level, even if only temporary, can have devastating effects on children, particularly those living in poor households with limited assets.

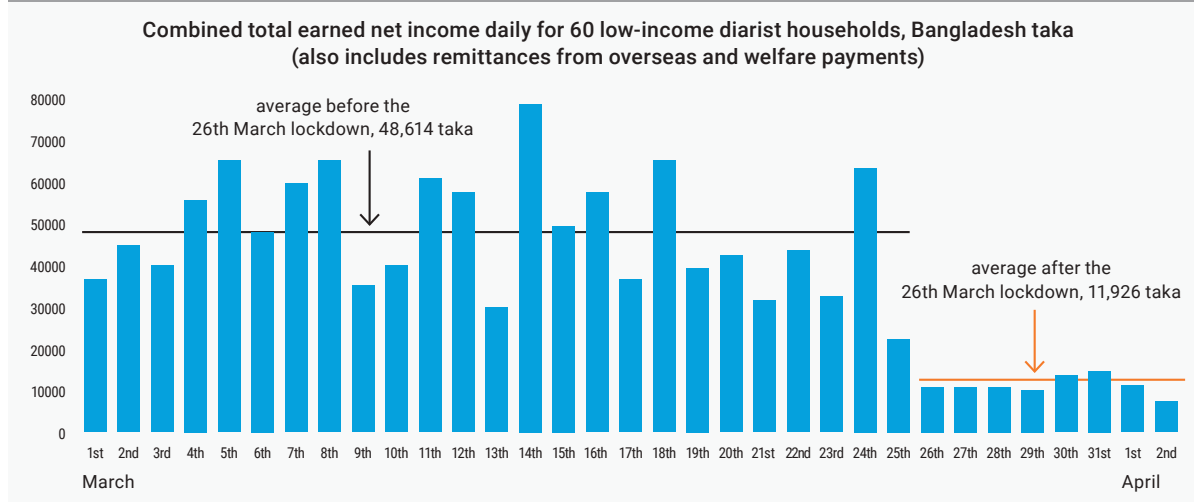
2 Shared responsibility, global solidarity: UN Report on responding to the socio-economic impacts of COVID-19

3 World Economic Outlook 2020

4 IFPRI, 2020

5 Hrishipara Daily Diaries, 2020

FIGURE 1: HRISHIPARA DAILY DIARIES



In many countries, we have seen rapid expansions of social assistance programmes to compensate households for lost income. As of 10 April 2020, **126 countries had introduced or adapted social protection measures, of which 83 provide explicit support for children and their families.**⁶ However, the coverage of affected families, and of forgone income, is far from complete. The duration of today’s lockdowns remains unclear, as is the likelihood of lockdowns being reintroduced in response to future outbreaks of COVID-19.

2. Learning

The worldwide closure of schools has no historical precedent. **188 countries have imposed countrywide closures, affecting more than 1.5 billion children and youth** (see Figure 2).⁷ In contrast to previous disease outbreaks, school closures have been imposed pre-emptively: in 27 countries closures were introduced before cases of the virus were recorded.⁸ With schools

in many countries planning for extended lockdowns, at least 58 countries and territories have postponed or rescheduled exams, while 11 countries have cancelled exams altogether.⁹

The potential losses that may accrue in learning for today’s young generation, and for the development of their human capital, are hard to fathom. To minimize these losses, many schools are offering distance learning to their pupils. However, this option is only available to some. While more than two-thirds of countries have introduced a national distance learning platform, only 30 percent of low-income countries have done so.¹⁰ Girls have less access to digital technology than boys, which may reduce their access to and participation in on-line learning¹¹. Children living in informal settlements, camps with limited infrastructure and no access to internet are particularly impacted. Confinement and movement restrictions may be incentives for parties to conflict to occupy, loot or destroy schools facilities and hospitals; while empty schools may be targeted for military use. Children with

6 Gentilini et al., 2020

7 UNESCO, 2020

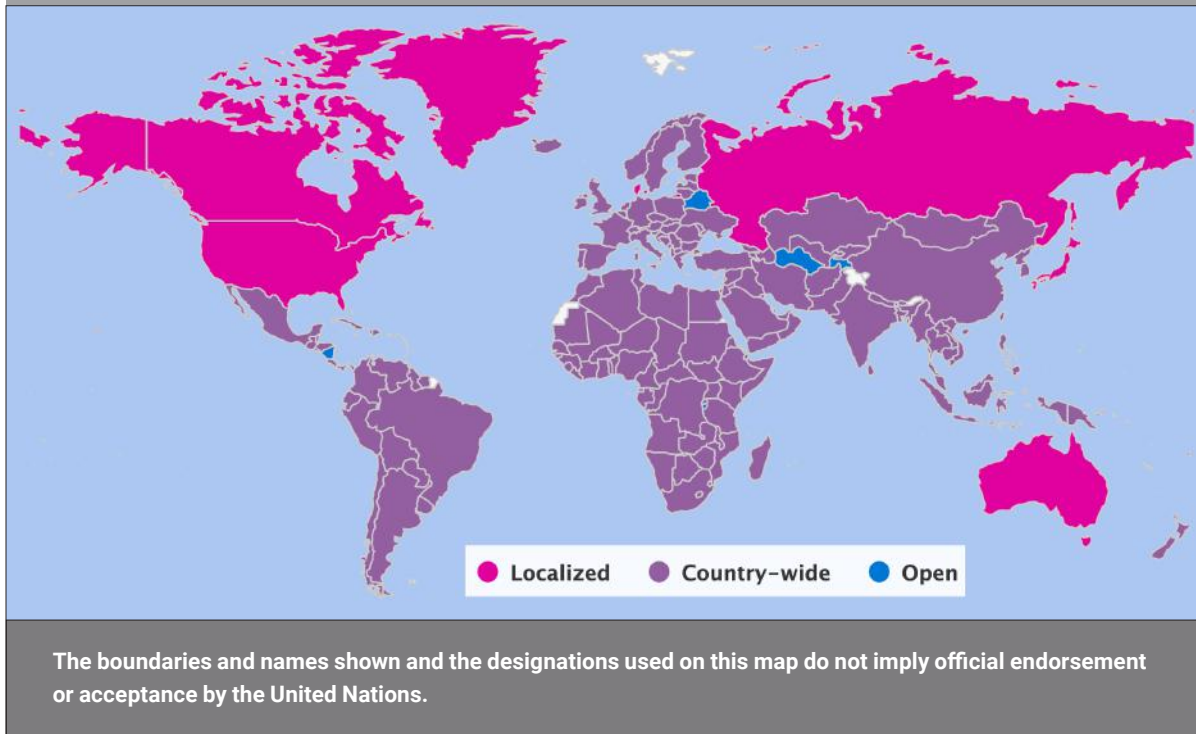
8 CGD, 2020

9 UNESCO, 2020

10 UNESCO, 2020

11 <https://www.itu.int/en/ITU-D/Statistics/Documents/facts/FactsFigures2019.pdf>

FIGURE 2: SCHOOL CLOSURES (SOURCE: UNESCO)



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 or groups, thus perpetuating the cycle of violence.

3. Survival and health

The direct impact of COVID-19 infection on children has, to date, been far milder than for other age groups. Preliminary data from observed cases in China and the US suggest that hospitalization rates for symptomatic children are between 10 and 20 times lower than for the middle aged, and 25 and 100 times lower than for the elderly.¹⁴ Of hospitalized patients, children are the least likely to require critical care. The share of symptomatic children who lose their lives to the virus in China has been estimated as 1 in 25,000, which is 30 times less than of the middle aged and 3,000 times less than the elderly. Inferences from these data should nevertheless be made with extreme caution, given the limited coverage of existing datasets, and the varied contexts in

¹² CGD, 2020

¹³ Evans and Miguel, 2013

¹⁴ Verity et al., 2020; CDC, 2020; CDC, 2020. See also Stoltenberg, 2020

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.

15 Baird et al., 2011

16 UNICEF, 2020

17 WFP, 2020

18 Kassa et al., 2018

19 data.unicef.org

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 shock facing households, which will negatively affect the diets of children, pregnant women, and breastfeeding mothers. Additionally, hastily implemented lockdown measures risk disrupting food supply chains and local food markets. If these effects are not quickly resolved they pose potentially grave consequences for food security.

Should schools remain closed and cause girls to drop out, we should also anticipate an increase in teenage pregnancy in the year ahead. A recent meta-analysis of the prevalence and determinants of adolescent pregnancy in Africa found that adolescent girls out of school are more than two times more likely to start childbearing than those who are in school.¹⁸

Water, sanitation and hygiene (WASH) services are also at risk of disruption by lockdown measures, posing further threats to children's health through water-borne diseases. Over 700 children under five die every day from diarrheal diseases related to inadequate WASH services¹⁹, and this number could rise sharply if existing services collapse. This is especially alarming given the critical role of hygiene in preventing infection and controlling the spread of COVID-19.

The effects of physical distancing measures and movement restrictions on children's mental health represent another cause for concern. Children today face anxiety about the negative impact of the pandemic on their lives and their communities, and uncertainty regarding the future: how long today's extraordinary circumstances will endure and how the pandemic

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. Such acts of violence are more likely to occur while families are confined at home and experiencing intense stress and anxiety. **60 per cent of all children worldwide live in countries where a full or partial lockdown is in place²².**

Lockdowns tragically also present an opportunity for child abusers to harm children. Children are rarely in a position to report such egregious acts. Yet, at a time of increased need, children no longer have the same access to teachers to report incidents at home, while social work and related legal and protective services for children are being suspended or scaled back. Children's reliance on online platforms for distance learning has also increased their risk of exposure to inappropriate content and online predators. Growing digitalization magnifies children's vulnerability to harm.

Just as the combined effect of school closures and economic distress is likely to force some children to drop out of school, the same combination can be expected to

compel children into child labour, to become child soldiers, and into child marriage in high-risk countries. Children without parental care are especially vulnerable to exploitation and other negative coping measures.

Poorly planned or executed implementation of containment and mitigation measures present additional risks to children's safety and the violation of their rights, especially when measures to care for the most vulnerable are not also enacted. Enforced shutdowns, curfews and movement restrictions have led to the sudden closure of refugee camps and residential institutions, and the dispersion of slum-dwellers, including children. Surveillance tools deployed to enforce quarantines and social distancing, and to enable contact tracing, have proven to be a powerful tool in controlling the spread of the virus in certain countries, but on occasion have violated children's rights to privacy. This includes the public sharing of personal information of infected children, or sufficient information for their personal identification. These approaches risk winding back legal protections and rights that may prove difficult to recover.

20 UNICEF, 2017

21 UN Policy Brief on the Impact of COVID-19 on Women

22 For data on countries with full or partial lockdown, please see [acaps.org](https://www.acaps.org); for data on child population, please see [population.un.org](https://www.population.un.org)

3. The uneven impact of COVID-19

The impact of COVID-19 on children's poverty, survival and health, learning, and safety are far-reaching. However, its effects will not be distributed equally. Some children are destined to bear the greatest costs in the absence of mitigating actions. Likewise the timing and duration of the pandemic's effects are a critical factor in assessing what influence they will ultimately have on the trajectory of children's lives.

Distributional effects

In an era characterized by extreme inequality, the COVID-19 pandemic is a fundamentally disequalizing event. Its effects are expected to be most damaging for children in the poorest countries, on the poorest households within countries, and on girls within poorest households. This poses a monumental challenge to the principle underpinning the Sustainable Development Goals to leave no-one behind.

Low-income countries and countries where conflicts are waged are least able to weather the effects of a global recession and localized shutdowns given the large share of productive activity that occurs in the informal sector and weaker social protection systems. Those same countries lack the infrastructure to roll out sophisticated distance-learning solutions, have

weaker health systems, a smaller social service workforce, less accessible WASH facilities, and are further from universal immunization. Poor households have less secure sources of income and fewer assets, less access to healthcare and more co-morbidities, and fewer tools to connect to distance learning whether a television, a radio, or an online device, and are more likely to pull children out of schools.

The world's poorest children already face a precarious existence and the disproportionate effects of the pandemic on their lives pose a genuine threat to their survival and development. It is therefore critically important that physical distancing and lockdown strategies are adapted in low-income settings to avoid depriving poor households from being able to sustain their livelihoods or to compensate them for their losses, and to secure food markets on which these households and their children depend.

Vulnerable children

In addition to poor children, there are other vulnerable child populations for whom the effects of the pandemic risk being especially severe and whose protection warrants special attention.²³

²³ UNICEF, 2017

²⁴ <https://unstats.un.org/sdgs/report/2019/goal-11/>

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 dependent on face-to-face services—including health, education and protection—which have been suspended as part of social distancing and lockdown measures. They are least likely to benefit from distance learning solutions.

Children living in institutions and detention – including child migrants – face a different kind of vulnerability. Their continued care is easily put in jeopardy at a time of crisis.

Children living in places of active conflict also deserve urgent support. Contested authority over these settings poses self-evident challenges for instituting measures to control and mitigate the spread of the virus. Lockdown measures risk ensnaring children in unsafe situations.

Longer-term effects

The ultimate impact of the crisis on children hinges on how much time it will take for the pandemic to end. A longer struggle to contain the virus not only prolongs the pain caused by the pandemic, but raises the prospect that the pandemic's impact will have lingering or persistent effects on children.

For instance, the longer economies are on shutdown, the less likely they are to “snap back”. At the household level, struggling families will increasingly see breadwinners lose their jobs or be forced to sell productive assets in order to survive, with long-running consequences for child poverty. The same holds true for other impacts of the pandemic. The longer schools remain closed, the less likely children are to catch up on learning and essential life skills that support a healthy transition to adulthood. The longer immunization campaigns are suspended, the greater and more costly will be the struggle to eliminate polio and to manage measles outbreaks.

For children caught at the apex of this crisis, there is a genuine prospect that its effects will permanently alter their lives. Children facing acute deprivation in nutrition, protection or stimulation, or periods of prolonged exposure to toxic stress, during the critical window of early childhood development are likely to develop lifelong challenges as their neurological development is impaired. Children who drop out of school will face not only a higher risk of child marriage, child labour, and teenage pregnancies, but will see their lifetime earnings potential precipitously fall. Children who experience family breakdowns during this period of heightened stress risk losing the sense of support and security on which children's wellbeing depends.

TEXTBOX: THE IMPACT OF THE EBOLA EPIDEMIC ON CHILDREN

While the epidemiological characteristics of Ebola and COVID-19 vary significantly, the containment and mitigation measures deployed to contain their spread have many similarities. Consequently, the Ebola epidemic provides compelling and recent evidence of the socioeconomic impacts that play out in low-income settings during a public health emergency.

- **Returning to school: In heavily disrupted villages in Sierra Leone, school enrolment rates for girls aged 12 to 17 fell from 50 to 34 percent.**²⁵
- **Health access: The number of in-hospital deliveries and C-sections in Sierra Leone decreased by over 20 percent during the outbreak. This was largely due to the closing of private and non-profit hospitals. The number of women's fourth antenatal care visits dropped by 27 percent.**²⁶
- **Immunization: The proportion of Liberian children under 1 who were fully immunized fell from 73 percent before the epidemic, to 36 percent during the epidemic, and recovered only partially to 53 percent by the end of 2015. Measles cases in Liberian children under 5 rose, likely due to the lapse in vaccination programs. The mean number of monthly cases of measles rose from 12 before the epidemic to 60 immediately afterwards.**²⁷
- **Child health: In a study of 45 public health facilities in Guinea, the number of children under 5 seen for acute respiratory infections fell by 58 percent at hospitals and by 23 percent at health centres between November 2013 and November 2014. Over the same period, the number of children seen for diarrhoea fell by 60 percent at hospitals and 25 percent at health centres.**²⁸
- **Child nutrition: In one Ebola-affected district in Sierra Leone, the number of children diagnosed with severe acute malnutrition increased from 1.5 percent before the outbreak to 3.5 percent after the outbreak.**²⁹
- **Teenage pregnancies: In Sierra Leone, the chance of pregnancy for girls aged 12 to 17 was 11 percent higher in villages heavily disrupted by Ebola than in villages lightly disrupted. This was driven by out-of-wedlock pregnancies.**³⁰
- **Sexual violence: 55 percent of children in focus groups said that they thought violence against children in their community had risen during or after the epidemic.**³¹
- **Birth registration: An estimated 70,000 births went unregistered in Liberia due to the outbreak; only 700 children's births were registered between January and May 2015.**³²
- **Loss of caregiver: At least 16,600 children lost a parent or caregiver, while 3,600 lost both parents.**³³

25 Bandiera et al., 2018

26 Ribacke et al., 2016; UNICEF, 2014

27 Wesseh et al., 2017

28 Barden-O'Fallon et al., 2015

29 Kamara et al., 2017

30 Bandiera et al., 2018

31 Risso-Gill and Finnegan, 2015

32 UNICEF, 2015

33 UNICEF, 2015

4. Doing everything possible to minimize risks and impacts – Information, solidarity and action

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 only be made if our models are expanded to capture the different dimensions of the pandemic, including those that affect children. We need a rapid accumulation of data on the scale and nature of impacts among children—including specifically girls, families and communities. We need to know more about the unknowns.
2. **More solidarity:** The COVID-19 pandemic is a test of our solidarity: within local communities, the scientific research community, and the community of nations. Children offer a common cause that can stoke a greater sense of unity among people. Moreover, adolescents have a powerful role to play in engendering this spirit as many are already demonstrating throughout the world—whether through volunteering their help within communities, or combating

stigma, xenophobia and discrimination online. Solidarity is necessary, too, in active conflict situations where responding to the Secretary-General’s global ceasefire call would only allow the world to focus together on the true fight – against COVID-19.

3. **More action:** Governments around the world are taking wide-ranging actions to contain and mitigate the pandemic. Building on best practices already adopted by several governments, those actions need to be adapted to reflect the local context, and accompanied by additional steps to counter unintended effects on children to ensure children’s wellbeing both during the pandemic and after it ends.

In this context, governments and partners should consider the following measures to help minimize the negative effects of this crisis on children:

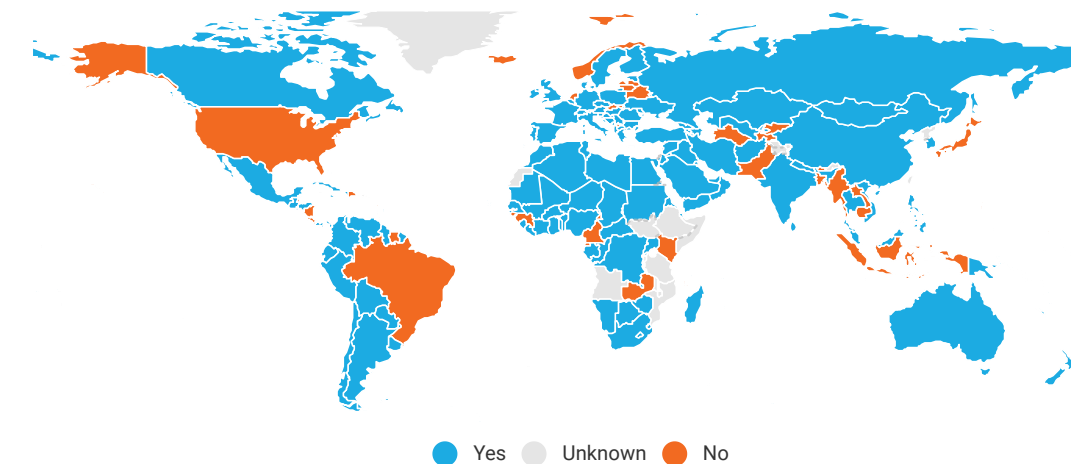
- The **immediate rollout or expansion of social assistance to families, preferably through the use of universal child grants** which offer a simple and proven tool for shielding children from extreme poverty.
- The **urgent securing of food supply chains and local food markets**, to protect children from a food security crisis.

- **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 for children requiring supplementary personalized care, including those living with disabilities, and abuse victims. Maintaining continuity of services during a pandemic, particularly in countries already experiencing a humanitarian crisis, will require policymakers to seize this moment to:
 - Protect children from violence, abuse or exploitation, and classify core child-protection services as essential;
 - Transform service delivery approaches that currently fall short, including those for slum-dwellers and children on the move;
 - Make game-changing investments in broadband access and digital public goods that support learning, alongside complementary investments in digital literacy and regulations that ensure children’s privacy, data protection and safety online while also taking more energetic steps to protect children from online child sexual exploitation and abuse, as well as other online harms;
- Build resilient and adaptable service delivery systems that are better able to withstand the next crisis; and
- Learn alongside others by partnering with initiatives, such as the COVID-19 Global Education Coalition, which is supporting governments to enhance and scale up equitable learning during school closures.
- **Putting in place specific protections for vulnerable children,** including migrants, the displaced, refugees, minorities, slum-dwellers, children living with disabilities, children living in refugee settlements, and children in institutions. This should include banning the arrest or detention of children for violating directives relating to COVID-19; ensuring any child that has been arrested or detained is immediately returned to his or her family; and releasing children in detention, whenever possible.
- **Providing 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.
- **Prioritizing the restoration of child services as lockdown measures wind down.**
- **Ensuring that children, adolescents and young people have access to COVID-19 testing, treatment and vaccines** as and when they become available.

WHAT IS THE UN DOING TO HELP?

- Policy support and normative guidance on all aspects of pandemic response
- Design of programmes to sustain child-centered services and to mitigate the negative impacts of the virus, and containment and mitigation measures, on children
- Advocacy and public information to educate policymakers and citizens on realizing child rights and wellbeing during the pandemic
- Monitoring of the situation of children and the services on which they depend, with a particular focus on the most vulnerable children
- Global supply of critical commodities for children, both related to COVID-19 and beyond

National Lockdown Measures Implemented due to COVID-19, Global Overview



[Download data](#)

Source: UNICEF Rapid Situation Tracking for COVID-19 Socioeconomic Impacts and ACAPS

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Conclusion

This is an unprecedented crisis and it presents unprecedented risks to the rights and safety and development of the world's children. Those risks can only be mitigated through unprecedented international solidarity for children and humanity.

We have to work together to make progress on these three fronts—information, solidarity and action. We have a chance to not only defeat this pandemic, but to transform the way we nurture and invest in the young generation. But we have to act now, we have to act decisively, and at very large scale. This is not a gradual issue, it is a clarion call for the world's children, the world's future.