

Written submission to report by UN Special Rapporteur on extreme poverty and human rights

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There is real and present danger that the 2020s will become a 'lost decade' with unprecedented reversals in development progress. The pandemic has already caused devastating human suffering across the world, including more than 400,000 deaths. And while children seem to be less susceptible to the direct consequences of the coronavirus, they are becoming the biggest victims of its social and economic impacts.

A joint analysis by Save the Children and UNICEF reveals that 586 million children – almost 1 out of 3 children in low- and middle-income countries – have lived in monetary poor households (as defined by national governments) before the pandemic hit. Our estimates indicate that without urgent action to protect families from the financial hardships caused by COVID-19, the total number of children living in households that cannot make ends meet in low- and middle-income countries could increase by up to 106 million children.

Children suffer poverty differently from adults. As they are not supposed to earn a living, it is important to not only to rely on measurements of monetary poverty and impoverishment, but also assess directly the impact of COVID-19 on children's rights across health, nutrition, education and child protection.

Children's rights to survive

Food security

The economic shock which families are facing, coupled with mitigation measures which risk disrupting food supply chains, pose a significant risk of food insecurity. The World Food Programme (WFP) has issued a warning that unless swift action is taken the number of people suffering from acute food insecurity could double, jumping from 135 to 265 million. The situation is particularly dire for children: 368.5 million children globally rely normally on school meals and with schools still being closed in many countries, many have lost access to a reliable source of food. Sub-Saharan Africa is particularly affected, with 50% of the global food insecure population located on the continent even before the pandemic started. More than 50 million would suffer from hunger in West Africa alone, and the number of food insecure people could more than double in East Africa, jumping to 43 million.

Child survival

While children seem to make up <u>less than 2% of diagnosed COVID-19 cases</u>, we have reasons to be particularly concerned by the secondary effects of the crisis on children. There is evidence for increasing child mortality either due to weakened or disrupted health services or due to reduced utilisations of routine services. Researchers from the Johns Hopkins Bloomberg School of Public Health have developed a model to analyse changes in coverage of essential maternal and child health interventions for 118 low- and middle-income countries. The results <u>published in The Lancet Global Health journal</u> paint a dire picture: depending on the severity of health service disruptions, an additional 250,000 to 1.2 million children could die over the next six months.

Similarly, the <u>WHO models</u> that suspension in campaigns and loss of access to treatment for malaria could increase malaria deaths by 50% (with scenarios ranging from 7% to 99%), which children being disproportionally affected. A parallel picture emerges in other epidemics, for instance during <u>Ebola in Sierra Leone</u>, where deaths tolls rose significantly during and after the crisis, almost exclusively due to causes of deaths other than Ebola. This

was accompanied by significant drops in health seeking behaviour (for instance for diarrhoea, acute respiratory, malaria etc.) in <u>Guinea</u>, <u>Liberia</u> and <u>Sierra Leone</u>.

Immunisation

As a direct consequence of COVID-19, immunisation campaigns – such as those for measles targeting 78 million children in at least 23 largely high-burden countries or those focussed on polio – have been suspended. At present, at least 80 million children under 1 in almost 70 countries are likely affected. This comes at a time when new research suggests that the benefits of continuing immunisation are substantial, even when taking into account the risk of coronavirus infections. Data from March across most of India's health facilities shows significant drops in child immunisations relative to the same time last year, ranging from 16% for PCV and BCG to 69% for MMR. Those numbers are deeply troublesome as they suggest negative long-term effects on children who are losing out on life-saving vaccines, and are in line with similar observations during the Ebola outbreak.

Mental health

Emerging evidence suggests that the pandemic also jeopardizes children's mental health. Surveys conducted by <u>Save the Children</u>, the <u>World Bank</u>, and <u>UNICEF</u> in several countries consistently find that the pandemic and its consequences cause abnormal levels of distress in children. Additionally, <u>there are fears</u> that quarantined children "might be more susceptible to mental health problems because of their higher risk of infection, and the grief and fear caused by parental loss or separation." Previous research on the effect of health-related disasters on children's psychological wellbeing finds that <u>30% of isolated or quarantined children met criteria for PTSD</u>, a percentage four times higher than in non-quarantined peers.

Maternal health

Lockdown restrictions are restraining already access to maternal health services, with devastating <u>consequences</u> <u>for some mothers in labour</u>, and new measures contravening WHO recommendations are <u>damaging maternal and child health alike</u>. For instance, pregnant women have been denied beds in hospitals, and separation from a primary caregiver at birth increases a baby's risk of death and contracting infections. Further disruptions to health services also has significant impacts on the utilisation of **maternal health** services, which have seen drops by as much as <u>33% in India in March</u>, which echoes <u>similar findings in previous epidemics</u>. <u>Johns Hopkins estimates</u> increases in maternal mortality ranging from 8% to 39% depending on the severity and duration of disruptions to routine health care.

Children's rights to learn

Almost <u>1.2 billion children are currently out of school</u> across the world, with impacts of prolonged school closures on remote learning, learning outcomes and school enrolment. <u>UNDP</u> predicts that even in a conservative scenario, the effective out-of-school rate for primary education in 2020 will spike to **20%**, with the highest setback suffered by the lowest human development countries.

Remote learning

Remote learning will likely deepen education inequalities and learning gaps because of the digital divide and different loss of learning by socio-economic group. Worldwide, 50% of the students out of the classroom do not have access to a computer, and 40% lack internet access at home; with those figures as high as 90% and 82% in Sub-Saharan Africa, respectively. Household wealth is the biggest determinant of internet access, with the overwhelming majority of students living in the poorest households being excluded from accessing online services and therefore many remote learning opportunities. The divide extends beyond internet access: UNICEF research finds that in 40 of the 88 countries for which data is available, urban households are more than twice as lively to



own a TV than rural households. Additionally, online education might disadvantage girls: globally, 25% fewer women have access to the internet than men, and in Sub-Saharan Africa women are 50% less likely to use the internet than men. Children with disability are least likely to benefit from remote learning.

Learning outcomes

Prolonged school closures could worsen <u>learning outcomes in the long-term and widening existing inequalities</u>, with an increasing number of children falling below minimum proficiency standards. <u>Summer loss literature</u> could give an indication in terms of potential effects and equity impacts: when schools are closed during the summer breaks, <u>learning for children from more disadvantaged socio-economic backgrounds flattens</u>, while children from privileged socio-economic backgrounds continue to gain new skills. <u>Evidence from Ecuador</u> shows that children with less access to remote learning are more than twice as likely not to do any schoolwork, while results from a <u>phone survey in Senegal</u> suggest that the likelihood of a child's engagement in learning activities during lockdown is negatively correlated with wealth and level of education of the respondent.

School enrolment

The third step is getting children back into school once they open and help them to catch up on lost learnings, especially for more disadvantaged children. The experience from the Ebola crisis illustrates this challenge: various evidence finds that an aggravated financial situation made it more difficult for families to send their children back to school. In a heavily affected village in Sierra Leone, school enrolment rates for adolescent girls dropped by as much as one third.

Children's right to protection

Child marriage & Teenage pregnancies

The mitigation policies for, and economic repercussions of, COVID-19 are likely to have devastating effects for many children's right to be protected from harmful practices and violence, especially for adolescent girls. The pandemic could cause 13 million additional child marriages by 2030 due to a combination of prevention programmes being paused and potential effects of increasing poverty on the prevalence of early marriage. This mirrors previous evidence from the Ebola outbreak in Liberia, however the impact of such shocks on child marriage may vary depending on the cultural context.

Disruptions to health services and supply chains could lead to loss of access to contraception for 47 million women (of all age groups), which may result in <u>7 million unintended pregnancies</u>. Many of those pregnancies may happen to adolescent girls, with <u>previous assessments for Ebola</u> indicating increases of teenage pregnancies in Sierra Leone by up to 65%.

FGM & Gender-based violence

<u>UNFPA</u> and partners project 2 million additional cases of FGM and 200 million cases of gender-based violence as the consequence of the pandemic. While coherent data is still lacking, many countries do experience stark increases in the reports of domestic violence (for instance in <u>Kosovo</u>, <u>Italy</u>, <u>Jingzhou/China</u> and <u>France</u>). Basing on reported increases in domestic violence and given the strong co-occurrence between child abuse and domestic violence, <u>World Vision</u> estimates that over the next three months COVID-19 will drive violence against children (physical, sexual, and emotional) up by 20-32%. A national impact and needs assessment conducted in <u>Bangladesh</u> in April finds that beatings by parents/guardians were up by 42% and calls to the child helpline had increased by 40%. Children with disability are disproportional at <u>risk of violence</u> and are particular vulnerable due to their <u>dependence from care givers and face-to-face-services</u>.



Child labour, Violence & Birth registration

There are <u>concerns</u> that COVID-19 will increase the <u>prevalence of child labour</u>, as families' experience economic hardships, parental deaths and school closures. Research by the <u>World Bank</u>, <u>UNECA</u> and <u>Save the Children</u> found similar patterns emerged during the Ebola outbreak. In addition, children <u>face increased risk of physical violence</u> as unemployment of parents is increasing in countries across the world.

Lessons learnt from Ebola suggest that there is a risk that COVID-19 will result in an 'invisible generation', with evidence by UNICEF showing that in Liberia birth registrations suffered a 39% decline between 2013 and 2014.

Children on the move or in conflict settings

Refugee children and those living in emergency settings are likely to bear a disproportionate burden of the adverse consequences of the pandemic. Data on refugee children is lacking even in the best of times, and to our knowledge there is currently no evidence on the specific impact of COVID-19 on children on the move. However, as refugee settlements are often packed, inadequate spaces lacking basic sanitary amenities effective mitigation strategies may be much more difficult to introduce. The <u>UN warns</u> that displaced children also might suffer disproportionately due to their already compromised access to basic sanitary services, nutritious diets, and education, as well as increased vulnerability to harmful practices such as child labour.

