



Declaration  
**Advancing Health Equity and Social Justice  
in Response to COVID-19**  
May 2020

*In collaboration with national and international child health and advocacy organizations*

***No discipline bears witness to the impact of child rights violations, health inequities and disruption of social justice on child health and well-being as much as paediatricians, child health and mental health providers.***

The COVID-19 pandemic is a global child rights crisis that will impact CHILDREN AND YOUNG PEOPLE for years into the future. Although they are generally at lower risk of morbidity and mortality from infection than adults, governmental responses and indirect consequences threaten to exacerbate and create gross inequities and inequalities in their health and well-being. The pandemic thus poses substantial risk to their right to optimal survival, development, health, and health care, as well as other civil-political, social, economic, and cultural rights articulated in the UN Convention on the Rights of the Child.

CHILDREN AND YOUNG PEOPLE from low and middle income countries (LMIC), especially those in South Asia and Africa, are at increased risk from the pandemic. Global challenges resulting from the pandemic relate to poverty, underemployment, violence, food insecurity, housing instability, illiteracy and decreased access to education, health, and other critical services. These challenges, albeit on a smaller scale, also impact high income countries, in particular, CHILDREN AND YOUNG PEOPLE marginalised by social determinants and chronic medical and mental health conditions.

Inequities are widening globally in the shadow of the COVID-19 pandemic. It is critically important that governments, professional bodies, health services, professionals, and children, youth and families work together with communities to mitigate the impact of COVID-19, while simultaneously responding to the social and ecological root causes of interdependent planetary crises—such as climate change and unfettered globalization—that contribute to pandemics. We must learn from the pandemic to advance a future in which the health, development and well-being of CHILDREN AND YOUNG PEOPLE are prioritised globally and locally, and to ensure that we are prepared for future global crises.

*Child health providers have a fundamental role to play in a transdisciplinary response to ensure a better world for CHILDREN AND YOUNG PEOPLE.*

**Toward these ends:**

*Whereas* populations of CHILDREN AND YOUNG PEOPLE are at significant risk for child rights violations, particularly those living in poverty; with chronic medical and/or mental health conditions; in public care; at risk for violence; and those who are refugees, immigrants, internally displaced or on the move; members of Aboriginal/First Nations/Indigenous/Tribal nations; working; illiterate; living in urban slums, on the streets or in rural and marginalized communities; and

*Whereas*, CHILDREN AND YOUNG PEOPLE belonging to families living in extreme poverty are disproportionately impacted by the pandemic and may face adverse long term impacts due to exacerbations in hunger, malnutrition and pre-existing morbidities; unregulated labour, child abuse, sexual exploitation, trafficking, and gender-based violence (including forced early child marriage); over-crowded living conditions; reduced supervision due to caregivers' seeking work; interrupted early learning, schooling, recreation, social activities; special education programs; and illness and death; and

*Whereas*, CHILDREN AND YOUNG PEOPLE are at risk for increased violence and neglect, particularly those in public care, due to reduced observation and protection by teachers, doctors, and other community supports; family violence; restricted visitations from family and caseworkers; delays in the justice system; reduced responsiveness and poor resourcing of child protection systems especially in LMIC; and

*Whereas*, the COVID-19 pandemic is associated with multi-system disruptions that decrease access to nutrition, childcare, education, community support programs and other essential services; as well as community based programs, outreach services, primary healthcare, developmental screening and surveillance, routine immunisations, mother-infant care and early intervention that will impact children's health and development throughout their life course; and

*Whereas*, migrant, refugee, asylum seekers and internally displaced CHILDREN AND YOUNG PEOPLE are at risk of deportation or relocation, reduced access to government sponsored financial and other supports, and reduced processing of asylum claims; and

*Whereas*, CHILDREN AND YOUNG PEOPLE with disabilities, particularly those living in adverse socio-economic circumstances, face additional challenges in receiving accurate information about COVID-19; accessing protective factors within their communities, including therapy and adequate educational opportunities through distance learning; and being accommodated safely in residential and quarantining facilities; and

*Whereas*, Aboriginal/First Nations/Indigenous/Migrants/Tribal CHILDREN AND YOUNG PEOPLE may have specific challenges due to limited access to extended family, cultural connections, and community events; and exacerbation of pre-existing mental health and suicide burdens; and

*Whereas*, CHILDREN AND YOUNG PEOPLE in residential care, juvenile or immigration detention and group homes are living in close quarters where physical distancing is not possible and access to COVID-19 testing and appropriate healthcare may be limited; and

*Whereas, CHILDREN AND YOUNG PEOPLE and their families may be hesitant to access healthcare for illnesses due to fears of contracting COVID-19 in health care settings due to health system disruptions, particularly in LMIC where systems are already stretched; and*

*Whereas, children in LMIC may not benefit from research findings and preventive immunisation and treatment options due to local constraints in affordability, distribution, and workforce.*

***Therefore be it resolved that governments in all countries and global organisations use this opportunity to adopt a Child Rights Based Approach (CRBA) to respond to the COVID-19 pandemic, and to advance a future in which the health, development and well-being of CHILDREN AND YOUNG PEOPLE are prioritised with explicit strategies to reduce health inequities and advance social justice, such that:***

- The right of all CHILDREN AND YOUNG PEOPLE to optimal health and health care is fulfilled (Article 24); and
- All CHILDREN AND YOUNG PEOPLE, without discrimination, are provided equitable access to resources and services required to sustain their optimal survival and development (Articles 2, 6, 22, 23); and
- All decisions and policies generated by public, private and academic sector agencies, organizations, and institutions consider the best interests of CHILDREN AND YOUNG PEOPLE (Article 3); and
- All CHILDREN AND YOUNG PEOPLE have a voice and the right to participate in decisions that affect them in all domains and strata of society (Article 12); and
- All CHILDREN AND YOUNG PEOPLE have access to information required to have an informed voice and make informed decisions with respect to their health and well-being and exercise of responsible citizenship (Article 17).

***Therefore be it further resolved, that in order to mitigate the medical, social, economic, political, cultural and environmental impact of COVID-19 on CHILDREN AND YOUNG PEOPLE, prevent this impact in future crises, and learn from the crisis to advance rights, equity and social justice now and into the future:***

#### **Governments**

*Agencies at the local, regional, national, and global levels must take proactive steps to ensure that the needs of CHILDREN AND YOUNG PEOPLE are specifically addressed by the pandemic response. As such, they should:*

- *Incorporate* the voices of families and CHILDREN AND YOUNG PEOPLE into all decisions, actions and considerations that involve them.
- *Establish* mechanisms for coordinated intersectoral collaboration and responsive health systems that focus on addressing equity through enhanced support of our most vulnerable children.
- *Strengthen* social and economic protection responses that are critical to children's health and well-being.
  - *Prevent* food scarcity and hunger, and support food programs and local food production.
  - *Support* responsive parenting and early childhood education especially for vulnerable populations.

- *Stabilize* housing and provide access to water, sanitation, and the capacity to maintain physical distancing.
- *Expand* family-friendly employment policies to create and protect employment and inject resources into the economy.
- *Establish* cash transfer programmes or other strategies, including financial counselling support and universal basic minimum wage, as economic strategies to support families.
- *Control* unregulated child labour, sexual exploitation, child trafficking and early marriage.
- *Ensure* marginalised groups such as migrants, asylum seekers and casual workers are eligible for services and benefits.
- *Ensure* that health, education, early intervention, welfare and intervention services for children and families are deemed “essential” services and are not disrupted during the pandemic and families are supported to access these resources.
- *Develop* pro-active child protection agencies and develop strategies to keep CHILDREN AND YOUNG PEOPLE safe.
- *Ensure* CHILDREN AND YOUNG PEOPLE in the child protection/foster care/detention systems have opportunities to communicate with their families.
- *Work to sustain* the reductions in air pollution that occurred during the COVID-19 pandemic.

### **Paediatricians and child physical and mental health providers**

*Medical and mental health providers have an important role to play in developing equitable, transdisciplinary health care approaches that address all effects of the pandemic. As such, they should:*

- *Establish* systems of health care that serve the special health needs of CHILDREN AND YOUNG PEOPLE in a manner that consistently affirms their dignity and rights.
- *Promote* prevention, early intervention, and treatment programs (including neurodevelopmental and early intervention services) with prioritization of the most marginalised CHILDREN AND YOUNG PEOPLE and develop mechanisms to enhance their access to essential services.
- *Increase* COVID-19 testing for early detection and develop feasible isolation strategies, with accessible services and mechanisms to prevent discrimination for those who are COVID-19 positive.
- *Develop* a vocabulary that decreases stigma and provides culturally and developmentally appropriate, accessible, and evidence-based information, resources, and interventions.
- *Develop* new pathways, contingency plans, telehealth, and other technologies to continue to deliver services under crisis conditions.
- *Maintain* eyes on the child and deliver essential clinical and support services face-to-face where required.
- *Address* unmet social needs such as food insecurity, poverty and housing instability through ‘social prescribing’ measures by linking with NGO and government supports.
- *Provide guidance* to parents on how to talk to CHILDREN AND YOUNG PEOPLE about the pandemic and support their mental health whilst managing their own mental health.
- *Provide* access to interpreters and culturally respectful care.
- *Respond* to and document increases in all aspects of violence toward children.

- *Identify and respond* to the special needs and rights of CHILDREN AND YOUNG PEOPLE with disabilities.
- *Structure* health services using a “two generation” approach, where maternal health and mental health issues, including reproductive health, are addressed in concert with those of their children.

### ***Policy-makers and researchers***

*Paediatricians and child health and mental health providers should employ evidence-based policies, protocols and practices for program development, implementation, and evaluation.*

*As such, they should:*

- *Use prudence* in decision-making regarding CHILDREN AND YOUNG PEOPLE, especially when adverse effects of these decisions are known and there is no clear scientific evidence of their benefits.
- *Implement* ongoing evaluation and continuous quality improvements in programs, systems and policies that integrate the metrics of child rights, social justice, and health equity.
- *Discover and disseminate* knowledge and evidence to ameliorate the impact of the pandemic, including professional education, research, and evaluation.

### ***Advocacy***

*Paediatric, child health and other professional organizations, should be fully engaged in advocating for the needs and rights of all CHILDREN AND YOUNG PEOPLE at local, national, and international levels. As such, they should:*

- *Advocate for* the needs and rights of CHILDREN AND YOUNG PEOPLE including humane living conditions, food security, access to health care, safety, and nurturing care.
- *Advocate for* welfare, employment and child protective services that support children and families.
- *Focus* on advancing child rights, social justice, and health equity, with clearly delineated goals and objectives.
- *Collaborate* as key partners with the UN Children’s Fund (UNICEF), World Health Organization (WHO), UN High Commissioner for Refugees (UNHCR), International Organization for Migration (IOM), Office of the High Commissioner for Human Rights (OHCHR), and other public, Non-Governmental and private sector regional, national and international organizations.
- *Ensure* that the voice of the child is present at the forefront of all work.
- *Mobilize* through regional, national, and international paediatrics societies to participate in all aspects of the response to the pandemic.
- *Encourage* governments to maintain the reduced carbon emissions that occurred during the COVID-19 pandemic.

*A comprehensive “Action Plan for Children and Youth” that addresses the global work of paediatricians, other child health providers and professional organizations in clinical care, systems development and the generation of policy will be increasingly important to respond to the current and future crises impacting CHILDREN AND YOUNG PEOPLE.*