

Averting a Lost COVID Generation: A Six Point Plan to Respond, Recover and Reimagine a Post-Pandemic World for Every Child

World Children's Day 2020 Data and Advocacy Brief

“This is the first truly global crisis most of us have seen in our lifetimes and it will not be the last. No matter where we live, the pandemic affects all of us and children have never been at so much risk. But worse is to come as the global economic crisis unfolds. As the world deals with the economic fallout from the pandemic and its effect on government and household budgets and the private sector, the risks to children are increasing, not decreasing. We must protect the decades of past investment in children.

This is not about a return to the way things were. Children will never accept a return to ‘normal’ after the pandemic because ‘normal’ was never good enough. Our post-pandemic rebuilding must meet the scale of this moment by overcoming our differences - and working across generations – to rebuild a world we want our children to grow up in. World Children’s Day must be a day to reimagine a better future, for every child.”

UNICEF Executive Director Henrietta H. Fore

INTRODUCTION

After almost one year since the COVID-19 pandemic began, killing over 1 million people and putting futures into doubt, the impact of the virus on the world’s children and young people is becoming clearer – and increasingly alarming. Children face a trifecta of threats: direct consequences of the disease itself, interruption in essential services and increasing poverty and inequality.

Despite being less affected than any other age group, emerging data suggests that children and young people’s health may be more directly impacted by COVID-19 than originally anticipated when the crisis began in late 2019. New UNICEF analysis from 87 countries with age disaggregated data shows that as of November 2020, children and adolescents account for 11 per cent of reported COVID-19 infections in those countries.¹ Disruptions to essential services such as education, health care, nutrition and child protection interventions are harming children. A severe global economic recession is impoverishing children and compounding deep pre-existing inequalities and exclusion, as the most disadvantaged households struggle to cope with the damaging fallout from the loss of jobs, livelihoods, incomes, mobility, learning, health and access to services.

The impact of the pandemic will affect children’s lives for years to come, even if a breakthrough vaccine becomes available soon. How the world responds now to the myriad risks that the pandemic poses to children and adolescents will determine their future. Unless the global community urgently changes priorities, the potential of this generation of young people may well be lost.

This World Children’s Day, UNICEF is taking stock of the global impact of COVID-19 on children and young people, laying out what we know from the latest available data and research, highlighting what is

¹ See data annex for details on the data analysis and methodology.

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still unclear as well as the options for action, and urging the world to take bold and unprecedented steps to reimagine a better future for children.

COVID-19 is a children's crisis. In the early months of the pandemic, children constituted a low proportion of the population infected. However, as the virus has spread, the number of children and young people who become infected and develop COVID-19 is also increasing and requires specific actions.

While our understanding of the impact of COVID-19 on children through science, data and research is evolving rapidly, we have more insight as the pandemic approaches its first anniversary:

- **Children and young people are susceptible to infection from COVID-19.** Even if the pandemic is not affecting predominantly children, the number of children infected is increasing in many countries. While they tend to have milder symptoms compared to adults, severe cases and death do happen, especially among children with co-morbidities.
- **While not the main driver of community transmission, children can transmit the virus to each other and older age groups.** Older children and adolescents need to practice the same behaviors such as social distancing and mask wearing as other members of the population.
- **Given the critical role that testing plays in controlling the outbreak, more age-disaggregated testing data** and representative studies in specific locations would help to better understand the geographic and age distribution to guide context-specific COVID-19 response measures.
- **Children and schools are not the main drivers of the epidemic across countries.** Evidence shows that the net benefits of keeping schools open outweigh the costs of closing them. Data from 191 countries show no consistent association between school reopening status and COVID-19 infection rates.²
- **Disruptions to health care, nutrition, education, water and sanitation, and social and child protection services have been devastating for children and young people.** Even before the pandemic, about 45 per cent of children were severely deprived of at least one of these critical needs.³ There have been steep declines in facility-based care such as childbirth services, immunizations, treatment of children with severe malnutrition and health care for sick children, particularly in several countries in South Asia, the Middle East and Latin America
- **Children's and adolescents' mental health has suffered during the pandemic.** Worries about the future, loss of education and job prospects, health concerns, and disruptions in peer and social networks have all affected children's lives.
- **The economic impacts of the pandemic will reverberate for years to come, sustaining heightened poverty.** Globally, the number of children living in multidimensional poverty – without access to education, health, housing, nutrition, sanitation, or water -- is estimated to have soared to a 15 per cent increase, an additional 150 million children by mid-2020.

Nearly one year into this pandemic, there is clearly no simple solution. Even if an effective and safe vaccine becomes available soon, it will take time to roll out -- time that many children simply do not have if we are to protect them from the virus, realize their rights to survival and development, and safeguard their futures. Some needs must be met immediately or the effects will be lifelong.

² Robertson, Timothy, 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 Global Health*, vol. 8, no. 7, 1 July 2020, pp. 901–908.

³ UNICEF, ['Impact of COVID-19 on multidimensional child poverty', 2020.](#)

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Other consequences, such as a year of interrupted school with little learning or getting a virus without suffering severe symptoms may not seem all that serious against the backdrop of this global pandemic. But these experiences reverberate into the future of every child who goes through them. And there are more hidden impacts – loss of future employment potential, rising violence, increased poverty, mental health issues and COVID-related long-term morbidity for children who are malnourished or already vulnerable.

We also cannot forget the fact that this crisis is unfolding against the backdrop of the climate crisis. The increasing risk of public health emergencies, including pandemics like COVID-19, is itself a consequence of climate change. Young people have been telling adults that they are worried about the climate crisis for the same reasons and with the same urgency as people are now worried about COVID-19. This pandemic and our response provide an opportunity for generations to come together and do things differently – equitably, inclusively and sustainably – as we address both of these twin crises.

UNICEF is calling for **A Six Point Plan to Protect our Children**, a list of urgent actions to mitigate the worst effects of the pandemic and a practical recovery plan to safeguard child rights now and to reimagine a better future. Children and young people will be living with the impacts of this pandemic for years to come. We must listen to children and young people and include them in decisions that determine their future.

"Whether it's the instant loss of income that so many parents face as a result of COVID-19 or the austerity measures that may follow, children and us young people are currently and will bear the brunt of this pandemic long after the virus itself has been eradicated." [Haissama, Djibouti](#)

BOX 1: HOW HAS COVID-19 IMPACTED CHILDREN?

- As of November 2020, 11 per cent of the 25.7 million of COVID-19 infections in 87 countries are among children and adolescents under 20 years old. Of these cases, more infections occurred among adolescents ages 10-19 compared to children 0-9, and among males compared to females (as is true at older ages).⁴
- Around 2 million additional child deaths under age 5 and 200,000 additional stillbirths could occur over a 12-month period with worst-case interruptions to services and rising malnutrition.⁵
- An additional 6 to 7 million children under age 5 may suffer from wasting or acute malnutrition in 2020, a 14 per cent rise that may translate into more than 10,000 additional child deaths per month – mostly in sub-Saharan Africa and south Asia.⁶
- 140 million additional children are living in monetary poor households due to COVID-19.

⁴ This claim of greater case load among males compared to females is calculated on the basis of the 14.29 million cases/out of the 63 countries in the Max Planck Institute Database reporting sex disaggregated data. The 25.72 million cases in the Max Planck Institute database accounted for about 54 per cent of the total global infections (47.33 million). Age-disaggregated data was available for all 87 countries, available at <https://osf.io/mpwjq/>.

⁵ Robertson, Timothy, 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 Global Health*, vol. 8, no. 7, 1 July 2020, pp. 901–908; United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 'A Neglected Tragedy: The global burden of stillbirths', United Nations Children's Fund, 2020.

⁶ The Lancet, 'Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality', remarks by Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization (WHO), quoted in Reuters, 'Thousands more underfed children may die due to COVID', Reuters, New York, October 2020; United Nations Educational, Scientific and Cultural Organization, 'Education: From disruption to recovery', May 2020.

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- At their peak, school closures due to COVID-19 affected almost 90 per cent of students around the world – including 743 million girls. More than 111 million of them are in the least developed countries.⁷
- Uneven access to digital learning resources and parental support are amplifying the digital divide and inequalities among young people.⁸
- Border closures, rising xenophobia and exclusion put migrant and refugee children at particular risk. Refugees and asylum seekers are excluded from COVID-19-related social protection measures in 59 countries, where data are available.⁹
- Approximately 70 per cent of mental health services for children and adolescents are disrupted. Because most mental health conditions develop during adolescence, young people especially are at risk. The impacts of disrupted services are compounded by young people missing out on peer support and some of the biggest moments of their lives due to school closures, cancelled events or postponed exams. Economic prospects have also diminished.¹⁰

COVID-19's HEALTH IMPACTS ON CHILDREN AND YOUNG PEOPLE

Exactly how susceptible children and adolescents are to the virus is still an open question. The relatively low number of reported cases among children and adolescents has led to speculation that they are less susceptible to the virus. However, this could reflect the fact that younger populations are tested less or have different levels of exposure to the virus. A definitive answer is difficult since studies have reported varied age disaggregation, exposure histories, definitions of infection and took place in different phases of the pandemic.

Adolescents are affected at higher rates than younger children (but less than adults), sometimes suffer complications (though much less than adults) and can transmit the virus to others. In the United States, a study by the Centers for Disease Control found that teenagers are around twice as likely to become infected with COVID-19 as younger children.¹¹ There is evidence that children over age 14 may be as infectious as adults.¹²

A UNICEF review in July found that prevalence of SARS-CoV-2 infection among under-20s was around 11 per cent of the national caseload in low- and middle-income countries, compared with 7 per cent in high-income countries, where the share of the child and youth population is smaller. The share of the caseloads among under-20s was found to range from as much as 23 per cent of the national COVID-19 caseload in Paraguay to only 0.82 per cent in Spain.¹³

⁷ United Nations Educational, Scientific and Cultural Organization, 'Education: From disruption to recovery', May 2020.

⁸ Organisation for Economic Co-operation and Development, 'Youth and COVID-19: Response, Recovery and Resilience, [June 2020](#).

⁹ [Data from UNICEF's socio-economic impact survey, August 2020](#)

¹⁰ United Nations, 'COVID-19 and the need for action on mental health', Policy Brief, 2020. Available [here](#).

¹¹ Leeb, Rebecca T., et al., 'COVID-19 Trends Among School-Aged Children', Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, vol. 69, no. 39, pp. 1410–1415, October 2020.

¹² Viner, Russell M., et al., 'Susceptibility to SARS-CoV-2 Infection Among Children and Adolescents Compared With Adults: A Systematic Review and Meta-analysis', *JAMA Pediatrics*, Original Investigation, September 2020.

¹³ UNICEF, 'The Evolving Epidemiologic and Clinical Picture of SARS-CoV-2 and COVID-19 Disease in Children and Young People', UNICEF Innocenti, August 2020; UNICEF, 'Does COVID-19 Affect the Health of Children and Young People More Than We Thought?', UNICEF Innocenti, July 2020.

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Over the past few months, the world has seen increasing prevalence among children and young people in some countries. In the United States, by the end of September, children of all ages made up 10 per cent of cases, up from just 2 per cent in April.¹⁴ However, caution is needed in interpreting these trends as the changing testing strategy and increasing testing availability can influence prevalence trends.

UNICEF analysis of the Max Planck Institute database as of November 2020 shows that among the 87 countries included in the database with age disaggregated data, 11 per cent of the 25.7 million COVID-19 infections (54 per cent of the total global infections) are among children and adolescents under 20 years. Prevalence ranges from 1.13 per cent to 30 percent across countries. Of these, 68 per cent occurred among adolescents ages 10-19, and 32 per cent among children ages 0-9. Data available by sex in 63 of these 87 countries also suggest more infections occurred among males than females.¹⁵

In general, children and adolescents with COVID-19 are reported to have milder symptoms compared to adults. Across countries, mortality rates among children and adolescents have remained significantly lower than for older adults. However, severe cases of COVID-19 have been reported among children. The millions of children worldwide with co-morbidities such as malnutrition, HIV infection or children with disabilities and underlying health conditions may be especially vulnerable¹⁶ and the long-term and life-long health impacts of having COVID-19 as a child are still unclear.

Greater threats to children's health, however, are caused by the disruptions in critical services that protect and support children and young people caused by efforts to contain the virus. Measures to address COVID-19 have sometimes crowded out other vital health interventions for children, such as vaccines or maternal and newborn care, threatening to undermine progress on mortality and morbidity. For example, reductions in life-saving interventions and increases in undernutrition could result in more than 2 million additional under-five deaths in a year.¹⁷

BOX 2: KEEPING SCHOOLS OPEN DURING THE CURRENT COVID-19 RESURGENCE

As some countries experience a resurgence in COVID-19 infection, discussion has been raised recently on whether schools should be closed again.¹⁸ Evidence shows that the net benefits of keeping schools open outweigh the costs of closing them.

Schools are not a main driver of community transmission. Data from 191 countries collected from February to September 2020 show no consistent association between school reopening status and COVID-19 infection rates.¹⁹ An assessment of the role of schools in COVID-19 transmission was conducted by European Centre for Disease Prevention and Control (ECDC) in 31 countries in July 2020. It concluded that child-to-child transmission in schools was uncommon and not the primary cause of

¹⁴ American Academy of Pediatrics, "[American Academy of Pediatrics and Children's Health Association Find Rapid Rise of Pediatric COVID-19 Cases Over 5-Month Period: Study](#)", News Release, 29 September 2020.

¹⁵ See data annex for details on the data analysis and methodology.

¹⁶ World Health Organization, 'Disability considerations during the COVID-19 outbreak', WHO, Technical Documentation, 26 March 2020.

¹⁷ Robertson, Timothy, 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 Global Health*, vol. 8, no. 7, 1 July 2020, pp. 901–908.

¹⁸ Many countries in the Southern Hemisphere are coming to the end of the academic year.

¹⁹ Insights for Education, 'COVID-19 and Schools: What We Can Learn from Six Months of Closures and Reopening?', October 2020.

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COVID-19 in children who were infected during the time they attended school.²⁰ However, it is important to note that higher education institutions have played a role in community transmission in many countries.

Children are more likely to get the virus outside of school settings. There is a much higher risk of children being infected with COVID-19 if there is an outbreak in the community. A study by the British Government found that infection rates among students and teachers did not increase following school re-openings in the summer and that localized outbreaks correlated with regional outbreaks, not with school opening.²¹ Data released by Brown University shows low levels of infection among students and teachers in the United States. Tracking infections over two-weeks from 31 August when schools began to reopen, it shows that only 0.23 per cent of students and 0.49 per cent of teachers had a confirmed or suspected case of the coronavirus.²² In addition, schools have put in place important mitigation measures to reduce transmission risks. These efforts should continue to be supported.

School closures can lead to drastically negative outcomes for children. Closing schools exposes children to multiple risks. The longer schools are closed, the more children suffer from extensive learning losses with long-term negative impacts, including future income and health. Depending on their age, gender, and disability or socio-economic status many children (especially adolescents) do not return to school after long closures and many more are expected to suffer permanent losses to their learning. In addition, children rely on schools for nutrition, psychosocial support and health services.

THE SOCIAL AND ECONOMIC IMPACTS OF COVID-19 ON CHILDREN

The COVID-19 pandemic has been devastating for the basic services that millions of children rely on. But not all children have been affected equally. Even before the pandemic, there were already deep divisions in how people are treated and given access to services like health, nutrition, education, mental health and social protection.

The disruption of services and their impact on children are both a supply and demand issue. Government lockdowns and the shutdown of schools and health centres restrict access, while fear of infection, distrust of institutions, discrimination, transportation challenges and other factors play into the decisions by parents, caregivers, and children and young people to stay away from facilities and services.

The true impacts on economic development and government financing of social sectors will only be seen in the coming months and years. Evidence from the past shows that crises are often followed by budget cuts, creating more inequality and harming children.²³ The lack of pandemic preparedness in itself has also magnified the dramatic socio-economic impacts of the pandemic.

HEALTH SERVICES. The latest available UNICEF reporting from 141 countries shows that around one third of countries have had a drop of at least 10 per cent in coverage for routine vaccinations, outpatient

²⁰ European Centre for Disease Prevention and Control, 'COVID-19 in children and the role of school settings in COVID-19 transmission', August 2020.

²¹ Ismail, Sharif et al., 'SARS-CoV-2 infection and transmission in educational settings: cross-sectional analysis of clusters and outbreaks in England', medRxiv, August 2020.

²² Qualtrics, '[COVID-19 School Response Dashboard](#)', accessed on 4 November 2020.

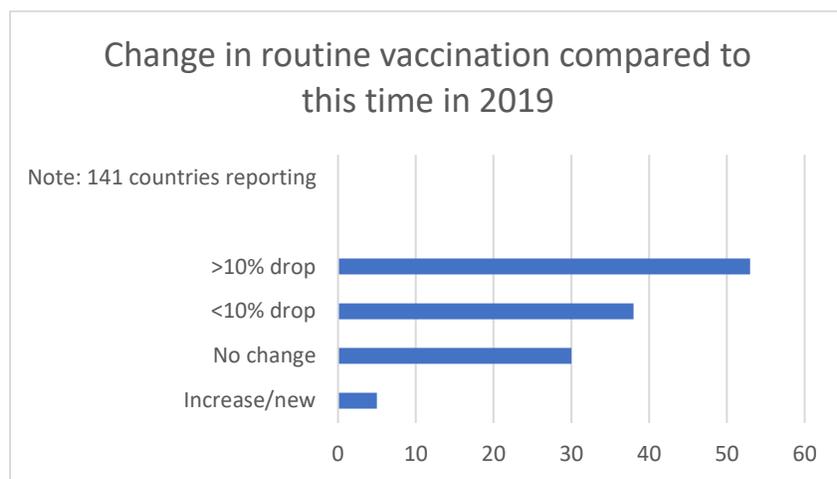
²³ UNICEF, "A rapid review of economic policy and social protection responses to health and economic crises and their effects on children", UNICEF Innocenti, June 2020.

care for childhood infectious diseases, and maternal health services.²⁴ The drop in routine vaccination (two thirds of all countries report some disruption) may portend a loss in the capacities needed for future COVID-19 vaccination campaigns. Moreover, the pressure to roll out a new COVID vaccine might erode routine immunization resources, undermining their ability to deliver for children. The top reasons for decline in health services across these countries are reduction in demand due to fear of infection; mobility restrictions due to lockdown; and closure or postponement of services.²⁵

In some areas, immunization services were hit hard in the early months of the pandemic but have been among the first services to recover. However, facility-based care including childbirth services, and services for sick newborns and children has had a much more prolonged impact and a slower recovery, particularly in some countries in South Asia and Latin America, posing an an immediate risk to child and maternal survival. Access, anxiety, fear, stigma and misinformation are also hampering efforts to reach people.

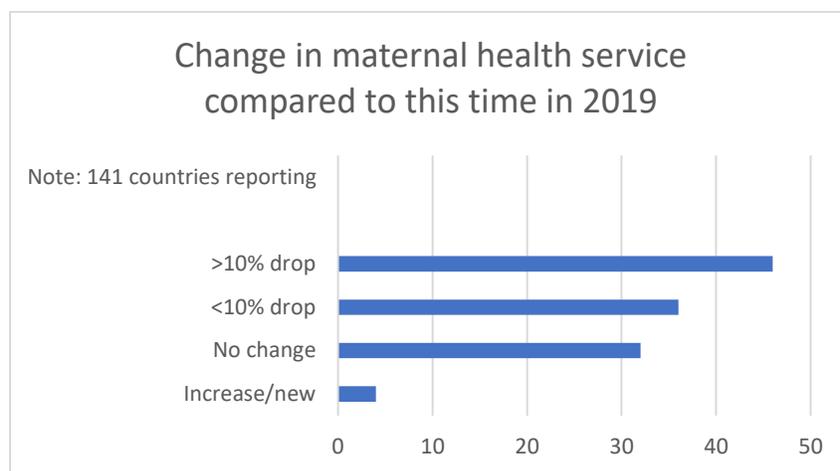
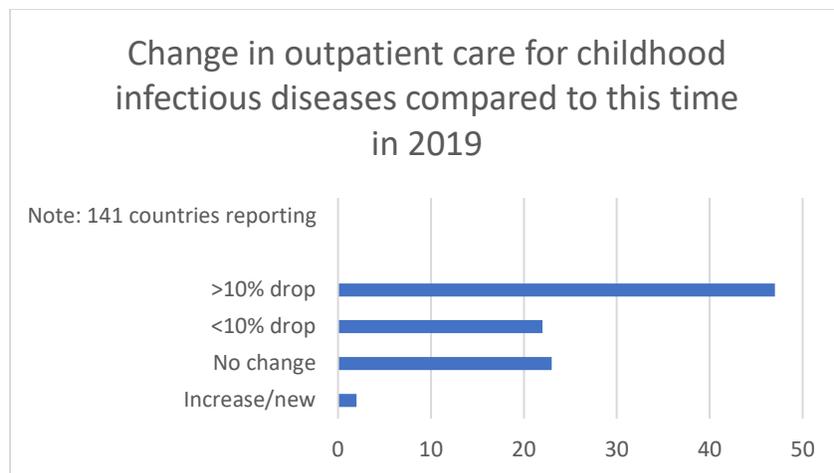
"Honestly, during this pandemic, I've learned a lot. The most valued things that I've learned, especially from the frontline health workers is sacrifice and compassion. I can't even imagine if we have to face the pandemic without them." [Raiya, 17, Indonesia](#)

Figure 1: Health services disruption remains a significant concern. Approximately one-third of countries have drops in coverage of 10 per cent or more compared to last year



²⁴ UNICEF DAPM, Tracking the situation of children during COVID-19.

²⁵ UNICEF DAPM, Quarterly tracking of the situation of children in COVID-19: Preliminary high-level analysis of Q3 data collection.



Source: [Analysis of the UNICEF COVID-19 Socioeconomic Impact survey](#), August 2020, led by the Division of Data, Analysis, Planning and Monitoring on behalf of the UNICEF COVID-19 secretariat.

EDUCATION: At their peak in late April 2020, nationwide school closures disrupted the learning of almost 90 per cent of students worldwide, affecting more than 1.5 billion schoolchildren.²⁶ Poor children pay the heaviest price; some 463 million students were not able to access remote learning during school shutdowns and previous shutdowns demonstrate that children who are out of school for extended periods, especially girls, are less likely to return.²⁷ Months later, nationwide school closures in 31 countries still affect millions of children and young people. As of November 2020, 572,324,061 students are affected by school closures, representing 33 per cent of total enrolled students, with 30 country-wide closures.²⁸ With many European countries seeing a resurgence in infections, and responding with mobility restrictions, it is likely that these numbers will increase within the next weeks and months.

²⁶ United Nations Educational, Scientific and Cultural Organization, 'Education: From disruption to recovery', May 2020; and [Keeping the world's children learning through COVID-19](#)

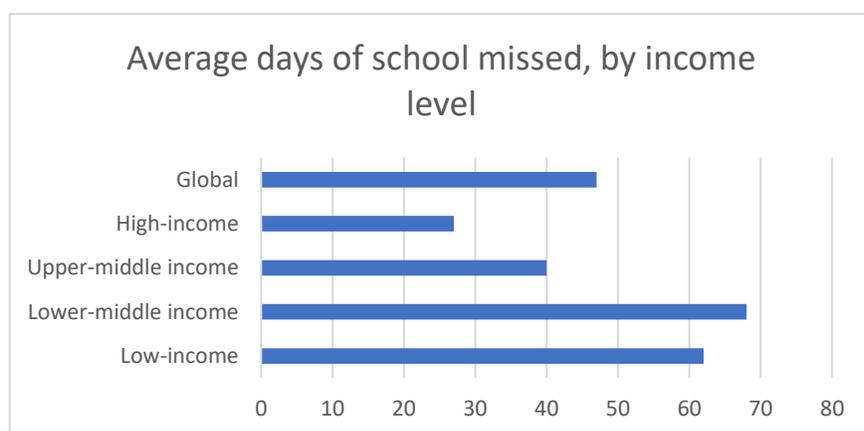
²⁷ Malala Fund releases report on girls' education and COVID-19. <https://malala.org/newsroom/archive/malala-fund-releases-report-girls-education-covid-19>.

²⁸ United Nations Educational, Scientific and Cultural Organization, 'Education: From disruption to recovery', May 2020.

When lockdowns began, school closures either disrupted the end of a school year, delayed the start of the school year, or coincided with a previously scheduled break. According to UNICEF surveys conducted from July to October 2020, on average, 40 days of school were lost if an academic year was already finished at the time of the survey (for countries predominantly in the northern hemisphere). In countries with an ongoing academic year at the time of the survey, 54 days were reported as lost (for countries predominantly in the southern hemisphere).

"Many young people including me, are left uncertain about our next steps which may be connected to our academic achievements. A lot of us have been feeling like we are no longer in control of our future, which can understandably make us anxious." [Maham, United Kingdom](#)

Figure 2: Students in lower-income countries have missed more days of school than students in higher-income countries



Source: UNESCO-UNICEF-World Bank joint survey round 2, 2020.

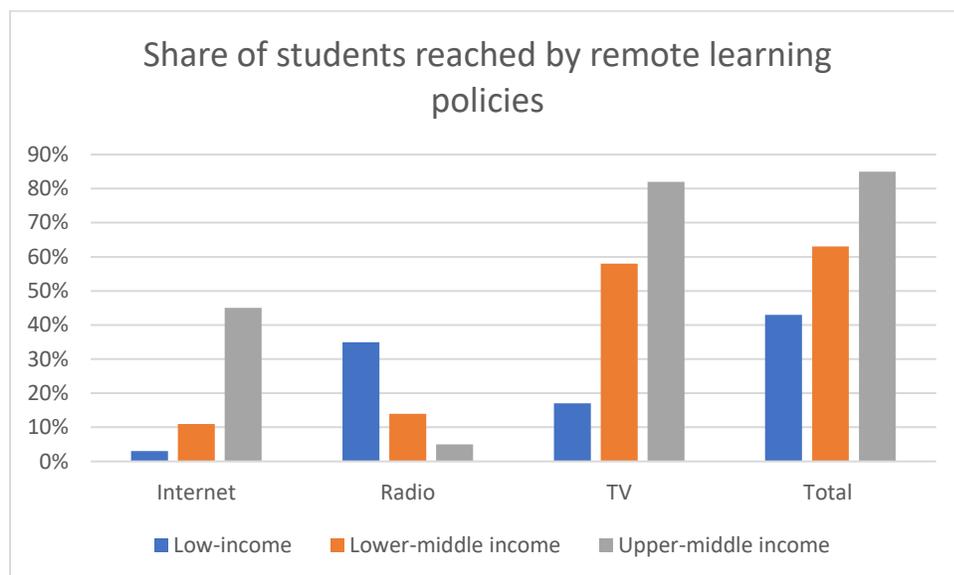
More than 90 per cent of governments adopted some form of remote learning, reaching almost 70 per cent of schoolchildren – more than 1 billion of children worldwide. However, about 30 per cent of schoolchildren globally either do not have necessary technology for remote learning available at home or were not reached by the remote learning policies. The highest rate of children that cannot be reached are in sub-Saharan Africa. Younger children are especially left behind. At least two out of three pre-primary school students cannot be reached with remote learning while almost half of all students that cannot be reached are primary school students. Girls are also disadvantaged. In many countries, ICT skills favor boys and there is less frequent use of household computers and the internet by girls than boys.²⁹

Television, despite its constraints in sharing course materials, provided the highest coverage allowing for reaching 62 per cent of schoolchildren globally. Internet channels reach only 24 per cent of schoolchildren globally, reflecting socio-economic inequality and a deep digital divide.³⁰

²⁹ UNICEF, 'COVID-19 and education: The digital gender divide among adolescents in sub-Saharan Africa', UNICEF Connect Blogs, August 2020.

³⁰ DAPM analysis using MICS, DHS and household surveys; UNICEF, 'COVID-19: Are children able to continue learning during school closures? A global analysis of the potential reach of remote learning policies', August 2020.

Figure 3: Internet channels reach only 24 per cent of schoolchildren globally, reflecting socio-economic inequality and a deep digital divide.



Source: UNICEF joint survey data and household surveys

NUTRITION: The most recent UNICEF data from 135 countries indicate an overall 40 per cent decline in coverage of services to improve nutrition for women and children.³¹ At the peak of school meal disruption in July, nearly 370 million children in 161 countries who rely on school meals for reliable source of daily nutrition had to look to other sources. As of October 2020, 265 million children were still missing out on school meals globally.³² More than 250 million children under 5 could miss the life-protecting benefits of vitamin A supplementation programmes and a further 6.7 million children could suffer from wasting in the first 12 months of the COVID-19 pandemic.³³ Such an increase in wasting could result in an additional 120,000 deaths and would result in a relapse to the number wasted in 1999.

The main reported reasons for disruptions in nutrition services were the reduction in demand by caregivers and families due to fear of infection; restrictions in caregivers' mobility due to lockdowns; and to a lesser extent, closure of services, including school feeding. Most countries adopted measures to ensure continuity of nutrition services focusing on: prioritizing breastfeeding and complementary feeding for children under 2 and their mothers; micronutrient supplementation and home-based food fortification for children under 5; and the early detection and treatment of severe malnutrition.

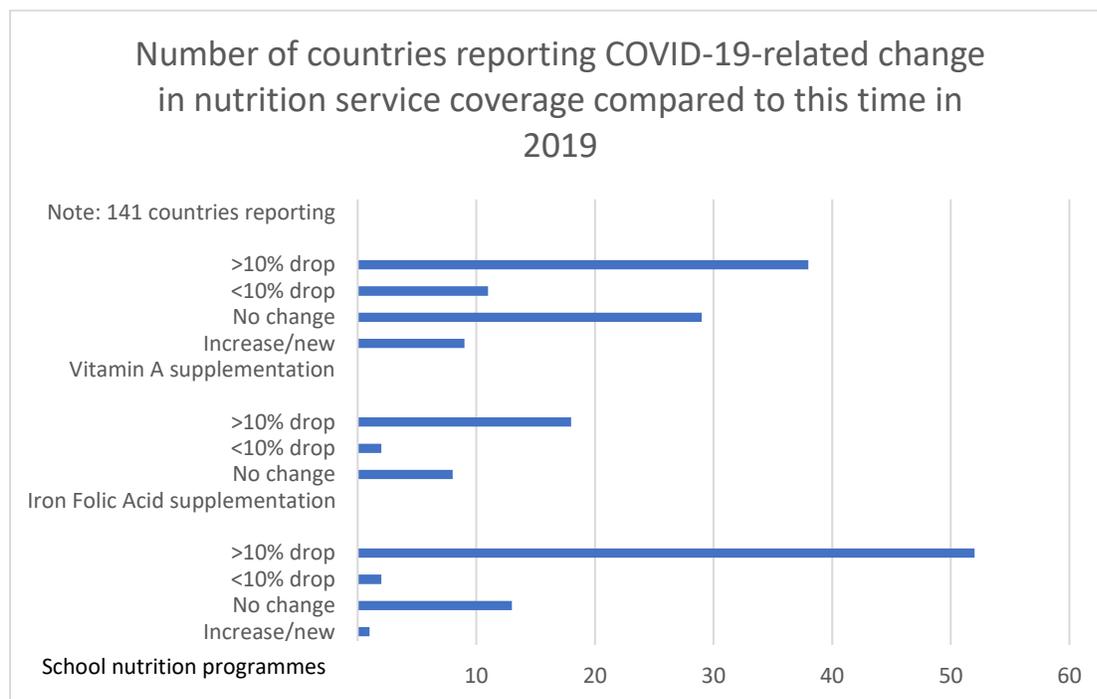
³¹ UNICEF analysis.

³² World Food Programme, 'Global Monitoring of School Meals During COVID-19 School Closures', 2020.

³³ UNICEF, 'UNICEF's Social Protection Response to COVID-19: Strengthening social protection systems before, during and after crises', UNICEF, Social Policy Section, Programme Division, September 2020; UNICEF, 'UNICEF: An additional 6.7 million children under 5 could suffer from wasting this year due to COVID-19', July 2020.

Food insecurity and malnutrition are also predicted to worsen over the next year. Recent estimates indicate that an additional 132 million people may go hungry worldwide, of which 44 million would be children.³⁴

Figure 4: Pandemic mitigation efforts are disrupting food systems, upending nutrition services and threatening food security



Source: Analysis of the UNICEF COVID19 Socioeconomic Impact survey, August 2020, led by the Division of Data, Analysis, Planning and Monitoring on behalf of the UNICEF COVID19 secretariat.

EARLY CHILDHOOD DEVELOPMENT: The COVID-19 pandemic is also causing an acute crisis of early childhood care and learning. At least 40 million children worldwide have missed out on early childhood care and education as COVID-19 shuttered childcare and early education facilities³⁵ During the critical early years, children need responsive care, adequate nutrition, stimulation and protection to develop their social, emotional and cognitive skills.

MENTAL HEALTH: COVID-19 has exacerbated existing psychosocial well-being and mental health problems and created new ones. A recent [WHO survey](#) of 130 countries highlights the devastating impact of the pandemic on access to mental health services. COVID-19 has disrupted or halted critical mental health services in 93 per cent of countries worldwide, while the demand for mental health support is increasing. Approximately 70 per cent of mental health services for children and adolescents or for older adults are disrupted.³⁶ This in a global context where half of all mental health disorders start by age 14 and three-quarters of mental health disorders set in by the mid-20s.³⁷

³⁴ FAO, IFAD, UNICEF, WFP and WHO, “The State of Food Security and Nutrition in the World 2020. Transforming food systems for affordable healthy diets”, 2020.

³⁵ UNICEF, ‘Global COVID-19 Situation Report, Mid-term Update, February-July 2020.’

³⁶ UNICEF analysis.

³⁷ UNICEF analysis.

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"Part of breaking the stigma is being there for others too; check in with your family and friends regularly and listen to them with empathy and compassion." "If there's anything we can learn from these unprecedented times, it's to take care of yourself and others." [Sarah, 15, United Kingdom](#)

VIOLENCE: Lockdowns and school closures have worsened a 'shadow pandemic' of gender-based violence and violence against children. Multiple countries have reported an increase in domestic violence, demand of emergency shelters and helplines, and online sexual exploitation of children.³⁸ Case management and home visits for children and women at risk of abuse are among the most commonly disrupted services. Violence prevention and response services have been disrupted in 104 countries, where a total of 1.8 billion children live.

CHILDREN WITH DISABILITIES: The COVID-19 pandemic has been especially challenging for children with disabilities. Disruptions in daily routine and being cut off from supportive services may be especially difficult for children with autism or intellectual disabilities as well as those who rely on these services daily. Children with disabilities were already three to four times more likely to be victims of violence and these risks have only been heightened.³⁹ More than income, gender or other factors, disability is the single largest factor in being excluded from education.⁴⁰

YOUTH EMPLOYMENT. For those graduating from secondary schools or universities, COVID-19 is aggravating a youth employment crisis. Even before the pandemic, more than 267 million young people out of 1.2 billion globally were not in employment, education or training (NEET).⁴¹ Since the pandemic began, over one in six young people have stopped working and working hours have declined by 23 per cent for those young people still working.⁴² The pandemic is changing the global labour market in three ways that affect youth: reduced earning and employment due to COVID-related job losses; greater obstacles to finding work and moving on to better jobs; and education and training disruption, affecting future employment opportunity.⁴³ There is also concerning new evidence that child labour is on the rise again for the first time in 20 years.⁴⁴

TAKING STOCK OF THE ECONOMIC IMPACT OF COVID-19

UNICEF tracks the economic impact of COVID-19 on children through two measures: children in monetary poor households and children experiencing multidimensional child poverty (suffering multiple deprivations in material living conditions, regardless of the income of the parents).

The increase in the number of children living in monetary poor households is likely going to be even worse than the 'worst-case scenarios' projected earlier in 2020 by UNICEF and Save the Children. In June, an expected 117 million additional children were estimated to live in monetary poor households by the end of 2020.⁴⁵ Based on the latest economic growth projections by the International Monetary Fund, this figure has been updated to an additional 140 million children by the end of the year. UNICEF

³⁸ UN Women, 'COVID-19 and Ending Violence Against Women and Girls', Issue Brief, 2020.

³⁹ UNICEF, 'Children and Young People with Disabilities', May 2013.

⁴⁰ <https://www.unicef.org/education/inclusive-education>

⁴¹ ILO, 'COVID-19 and the world of work. Fourth edition. Updated estimates and analysis', ILO Monitor, Issue Brief, May 2020.

⁴² Ibid.

⁴³ UNICEF Office of Global Insight and Policy, 'Deep Dive: [Prospects for young people entering the labour market in 2020](#)', OGIP, 2020.

⁴⁴ International Labour Organization, 'COVID-19 and Child Labour: A time of crisis, a time to act', June 2020.

⁴⁵ UNICEF, 'Children in monetary poor households and COVID-19', Technical Note, June 2020.

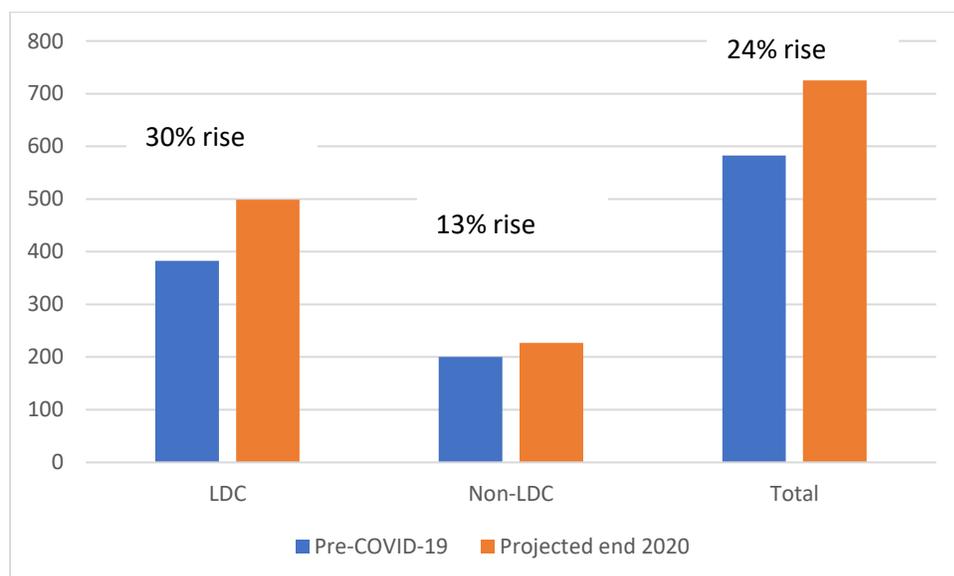
estimates that there will be an additional 120 million children in monetary poor households compared to 2019 by the end of 2021.⁴⁶

Not only has the pandemic increased poverty by affecting incomes coming into families and households, it is also deepening poverty across every dimension of a child's life, including health, education, nutrition, housing, water and sanitation. Approximately 150 million additional children are living in multidimensional poverty. This represents a roughly 15 per cent increase compared to pre-pandemic levels.

As jobs and livelihoods are wiped out, social protection schemes, particularly cash transfer programmes, have been a core pillar. More than 200 countries have created or invested in existing programmes to support children and their families. Despite this important commitment, most are temporary and do not always address the critical gaps in coverage and adequacy that preceeded COVID-19. Two-thirds of children around the world were not covered by social protection programmes before the pandemic, only 18 per cent of the social protection response is gender-sensitive, and few programmes respond to the critical needs of those living in the informal sector. Only 17 countries explicitly include migrant or refugees in COVID-related social protection schemes.⁴⁷ Simply reducing child poverty to pre-crisis levels – let alone extending social protection coverage to all children in need - will require a more ambitious investment in child benefits, care policies and a renewed commitment to inclusive social protection systems.

Figure 5: The least-developed countries have had a significantly higher rise in child poverty during COVID-19

Children living in monetary poor households, 2019 and end of 2020 (projected)



⁴⁶ [DAPM analysis in collaboration with Save the Children based on IMF GDP projections and the historical trends on income distribution, 'Children in monetary poor households and COVID-19', UNICEF and Save the Children, Technical Note, 2020.](#)

⁴⁷ UNICEF analysis.

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A SIX POINT PLAN TO PROTECT OUR CHILDREN

The devastating impacts of COVID-19 on children will reverberate for years to come. In response to the pandemic, governments around the world have mobilized billions of dollars to save their economies. But there is another impending loss if we do not act: a lost generation of children.

Building on the powerful promise from 172 Member States of the United Nations to [Protect Our Children](#), the **Six Point Plan to Protect our Children** includes urgent action to mitigate the worst effects of the pandemic as it continues to spread around the globe. It also proposes a set of practical and concrete actions to safeguard child rights now and to reimagine a better future. It aims to bring the world back together around a common cause: the health and well-being of current and future generations and the full realization of the Sustainable Development Goals and the Convention on the Rights of the Child.

UNICEF is calling on governments and partners to:

1. Ensure all children **learn**, including by closing the digital divide.
2. Guarantee access to **health and nutrition** services and make **vaccines** affordable and available to every child.
3. Support and protect the **mental health** of children and young people and bring an end to **abuse, gender-based violence and neglect** in childhood.
4. Increase access to **clean water, sanitation and hygiene** and address **environmental degradation and climate change**.
5. Reverse the rise in **child poverty** and ensure an inclusive recovery for all.
6. Redouble efforts to protect and support children and their families living through **conflict, disaster and displacement**.

Across these areas, decision makers must prioritize one critical step: listening to children and young people and including them in future decision-making. They will be living with the impacts of this pandemic and how the world chooses to respond for years to come and *must* be included in decisions that affect their future. And to fulfill our shared SDG pledge to *Leave No One Behind*, any action taken must prioritize the needs of the most marginalized children and young people – including girls; those facing poverty, exclusion or violence; and those upended by humanitarian crisis or on the move.

Almost a year into the COVID crisis, the long-term impact on children and young people whose lives have been upended by the disruptions in key services and the socio-economic fallout of the pandemic remain unknown. With the crisis continuing to deepen, it is essential that much more time, resources and effort are invested into understanding better the full impact of the crisis on the world's youngest citizens and formulating proven and promising practices to meet their rights and needs. Like most things worthwhile, it will be challenging to achieve. But for our common future, and for the present and future of our children, it is a challenge we must rise to as soon as possible.

The pre-COVID 'normal' was never good enough for children, and it is in our hands now to reimagine and deliver on a better future for children and young people coming of age during this first truly global emergency.

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DATA ANNEX

The data used for the prevalence of SARS-CoV-2 infection among children and adolescents under age 20 is the re-analysed country-level data from Max Planck Institute for Demographic Research (MPIDR) (<https://osf.io/mpwig/>). Since not all countries routinely report data on COVID-19 by standard age group and sex, the MPI team standardized age groups and re-distributed unknown age group measures to 5-year age groups. Compared to using the raw data, this reanalyzed database allows for easier calculations and comparisons across countries. We cross-checked the results from the MPI database with the WHO database which was closed in September of 2020. The results were relatively consistent in the proportion of the caseload among the child and adolescent age groups. We also compared the MPI prevalence data from the 87 countries against the Johns Hopkins COVID-19 database used as the gold standard to assess the proportion of cases in the MPI database compared to the world. We used the [2019 World Population Prospects 5 year](#) group estimates with reference year 2020 to generate the estimates. We created two datasets, one with the total population and the other for ages 0-19. This dataset provided total male and female population by country and World Bank Income groupings. These were joined to the MPI dataset to calculate the aggregates. The income data are available upon request.