

## Opportunities in crisis for optimising child health and development



The *Lancet* Series on optimising child and adolescent health and development<sup>1-4</sup> arrives at the right time. For many years, the global health community has known that quality primary health care, including antenatal care, immunisation, and optimal nutrition, helps children survive past their fifth birthday and live healthy lives. Child survival has improved because of combined efforts in these areas; but the scale and scope of the global threats to child health and wellbeing, including conflicts, climate crises, and other humanitarian emergencies, all compounded by COVID-19, now put decades of progress at grave risk. Nonetheless, these crises present an opportunity to reinvigorate global commitments to child health, wellbeing, and children's rights, and to equitably scale up evidence-based interventions delivered through resilient primary health care to achieve universal health coverage.

In 2020 the WHO-UNICEF-*Lancet* Commission launched its report, *A Future for the World's Children?*<sup>5</sup> and set out a bold vision for a broader focus on child and adolescent health, wellbeing, and social development, expanding on the impressive gains made in young child survival over the past few decades.<sup>6</sup> The Commission urged policy makers to take a long-term view of child wellbeing, considering evidence that shows early

investments in children's health, education, and development have lifelong, intergenerational, and economic benefits for children and societies.<sup>7,8</sup> The Commission recommended that investments should not be restricted to health and education alone, but spread across sectors—in universal health coverage, good nutrition and food security, safe and affordable housing, protected environments with clean water and air, and safe places to play—since all sectors contribute to child wellbeing.

The COVID-19 pandemic has slowed, and in some cases reversed, the gains in child health and survival achieved over the past two decades. The pandemic has also illustrated how underinvestment in health systems, together with inequities in accessing health services and a crisis of trust in public health institutions, has left populations and entire countries at risk from preventable causes of death. The pandemic entrenched inequities and widened societal fault lines, increasing vulnerabilities, and shocking health systems and their abilities to deliver primary health care. At the same time, the response to COVID-19 catalysed unprecedented international solidarity, advancements in medical technology, and the mobilisation of unparalleled resources for global health.<sup>9</sup> But more remains to be

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done to support vulnerable populations and strengthen health systems globally.

Even before the pandemic, progress towards the 2030 targets in the Sustainable Development Goals (SDGs) to save the lives of women and children was already behind by about 20%, with millions of children and women unable to access life-saving services.<sup>10</sup> Continuing global crises are placing child health and wellbeing at grave risk.

In 2020, 23 million children missed out on vaccination—the highest number of children since 2009.<sup>11</sup> The number of children that received no vaccinations at all increased from 13.6 million in 2019 to 17.1 million in 2020.<sup>11</sup> In parallel, as a result of the pandemic, the world witnessed simultaneous food and nutrition crises on multiple fronts unmatched by any situation encountered in previous decades. In 2020, millions more people were at risk of food insecurity than the previous year, and an additional 142 million children were living in poverty.<sup>12</sup>

Preventable child deaths are also a concern. In 2020, 5 million children younger than 5 years died—one death every 6 seconds—nearly half of them newborn babies.<sup>13</sup> Infectious diseases, including pneumonia, diarrhoea, and malaria, remained the leading cause of deaths among children younger than 5 years, along with preterm birth and intrapartum-related complications.<sup>14</sup> Additionally, an estimated 810 women died each day from causes related to pregnancy and childbirth.<sup>15</sup> In 2020, the under-5 mortality rate in the 38 countries classified as fragile and conflict-affected<sup>13</sup> increased by

three times compared with all other countries. Globally in 2020, 43% of deaths among children younger than 5 years occurred in fragile or conflict-affected countries. For example, in Afghanistan, an estimated 72 000 children died before reaching their fifth birthday in 2020.<sup>13</sup>

Conflict and crisis have also undermined the efforts of countries that had met or were on track to meet the SDG 2030 target for child survival. Before war broke out in February, 2022 Ukraine had met this target for child survival.<sup>13</sup> With as many as 1000 births occurring each day in Ukraine,<sup>16</sup> those gains for maternal, newborn, and child survival are expected to be lost due to health service disruption and violence.

The global community has an opportunity that should not be wasted. On the one hand, the COVID-19 pandemic has put an enormous burden on our children, with health systems and education disrupted, lives lost, and livelihoods damaged. The residual impacts of the past 2 years will not be fully quantified for decades to come. The worst consequences of any crisis will fall disproportionately on the poorest and most vulnerable children and their carers in all countries. On the other hand, the pandemic has offered a glimpse of what is possible when the global community comes together in solidarity and makes investments in health a global political priority. This moment offers an opportunity to build stronger health systems to not only prevent future outbreaks, but also to improve essential and life-saving health services for children and communities to reduce disease and prevent deaths over the long term.

At this especially perilous moment in history, with conflict and fragility around the world, all countries need to prioritise child and adolescent health, and tailor health and multisectoral programmes to meet their needs and risk factors. This is the time for governments, donors, and institutions to come together not only to end the pandemic, but also to prevent future ones, fix long-standing structural deficiencies in fragile health systems, including strengthening the health workforce, and address the social and environmental determinants of health that put children at risk. It is time for solidarity to triumph over politics, for the sake of our children and future generations. Failure to do so could result in close to 21 million children and adolescents aged 5–24 years and 43 million children under-5 years

dying before 2030.<sup>13</sup> This prospect is unconscionable and unnecessary, because as seen in this *Lancet Series*, stakeholders know what needs to be done so that every child, everywhere, can survive and thrive.

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- 1 Black RE, Liu L, Hartwig FP, et al. Health and development from preconception to 20 years of age and human capital. *Lancet* 2022; published online April 27. [https://doi.org/10.1016/S0140-6736\(21\)02533-2](https://doi.org/10.1016/S0140-6736(21)02533-2).
- 2 Victora CS, Hartwig FP, Vidaletti LP, et al. Effects of early-life poverty on health and human capital in children and adolescents: analyses of national surveys and birth cohort studies in LMICs. *Lancet* 2022; published online April 27. [https://doi.org/10.1016/S0140-6736\(21\)02716-1](https://doi.org/10.1016/S0140-6736(21)02716-1).
- 3 Vaivada T, Lassi ZS, Irfan O, et al. What can work and how? An overview of evidence-based interventions and delivery strategies to support health and human development from before conception to 20 years. *Lancet* 2022; published online April 27. [https://doi.org/10.1016/S0140-6736\(21\)02725-2](https://doi.org/10.1016/S0140-6736(21)02725-2).
- 4 Kruk ME, Lewis TP, Arsenault C, et al. Improving health and social systems for all children in LMICs: structural innovations to deliver high-quality services. *Lancet* 2022; published online April 27. [https://doi.org/10.1016/S0140-6736\(21\)02532-0](https://doi.org/10.1016/S0140-6736(21)02532-0).
- 5 Clark H, Coll-Seck AM, Banerjee A, et al. A future for the world's children? A WHO–UNICEF–Lancet Commission. *Lancet* 2020; **395**: 605–58.
- 6 Sharrow D, Hug L, You D, et al. Global, regional, and national trends in under-5 mortality between 1990 and 2019 with scenario-based projections until 2030: a systematic analysis by the UN Interagency Group for Child Mortality Estimation. *Lancet Glob Health* 2022; **10**: e195–206.
- 7 Richter LM, Daelmans B, Lombardi J, et al. Investing in the foundation of sustainable development: pathways to scale up for early childhood development. *Lancet* 2017; **389**: 103–18.
- 8 Lo S, Das P, Horton R. A good start in life will ensure a sustainable future for all. *Lancet* 2017; **389**: 8–9.
- 9 WHO. 2021 mid-year report: WHO strategic action against COVID-19. Geneva: World Health Organization, 2021.
- 10 Requejo J, Diaz T, Park L, et al. Assessing coverage of interventions for reproductive, maternal, newborn, child, and adolescent health and nutrition. *BMJ* 2020; **368**: l6915.
- 11 WHO, UNICEF. Progress and challenges with sustaining and advancing immunization coverage during the COVID-19 pandemic. 2021. WHO/UNICEF estimates of national immunization coverage. Geneva: World Health Organization, 2021.
- 12 UNICEF. Children in monetary poor households and COVID-19. November, 2020. <https://data.unicef.org/resources/children-in-monetary-poor-households-and-covid-19/> (accessed March 23, 2022).
- 13 United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME)/ Levels and trends in child mortality: report 2021, estimates developed by the United Nations Inter-Agency Group for Child Mortality Estimation. New York: United Nations Children's Fund, 2021.
- 14 Perin J, Mulick A, Yeung D, et al. Global, regional, and national causes of under-5 mortality in 2000–19: an updated systematic analysis with implications for the Sustainable Development Goals. *Lancet Child Adolesc Health* 2022; **6**: 106–15.
- 15 WHO. Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization, 2019.
- 16 United Nations Department of Economic and Social Affairs. World population prospects: 2019 revision (medium variant). New York, NY: United Nations Population Division, 2019.