Optimising child and adolescent health and development in the post-pandemic world

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For the **Optimising Child and Adolescent Health and Development Series** see www.lancet.com/series/optimising-child-adolescent-health

For more on the **2030 SDGs** see https://sdgs.un.org/goals

Our Series on optimising child and adolescent health and development follows on almost two decades after the original *Lancet* Series on child survival and its corresponding call for action.[1] With less than 10 years left to meet the 2030 Sustainable Development Goals (SDGs), we are concerned that, once again, the world is failing its children. The evidence is strong and calls for change abound; however, effective actions are few and far between.

The four papers in our Series provide an abundance of scientific evidence in support of a holistic agenda for child health spanning sexual, reproductive, maternal, childhood, and adolescent health, as well as nutrition and development. A major agenda to reduce premature mortality remains unfinished, with 8·6 million deaths globally among children and adolescents (aged 0–20 years), including stillbirths, in 2019.[2] Analysis of long-term birth cohorts shows the detrimental effects of early-life deprivation and toxic stress on health, nutrition, and cognitive development of children, often extending across generations.[3] Despite ample evidence supporting evidence-based interventions,[4] implementation across health, education, and social systems is poor.[5]

Although the SDGs were painstakingly crafted and shaped into a global strategy with strong benefit–cost ratios for investing in women and children,[6] corresponding implementation has been disappointing and disjointed, lacking political commitment and resources. The UN Secretary General abandoned his patronage of the Every Woman Every Child initiative, the much touted efforts by WHO on the Universal Health Coverage framework hardly mention children,[7] and resources at UNICEF for core child health and development programmes have stagnated.[8] At the half-way mark of the SDG period, most countries and global programmes remain in the mode of targeting specific diseases and age bands in childhood, rather than the age continuum and integration of child and adolescent periods.[9–11] Many countries are only beginning to localise the SDGs and develop granular national goals,[12] and few have a comprehensive child and adolescent health strategy.

Furthermore, the COVID-19 pandemic has interrupted progress on the SDGs, through major effects on economies and social systems,[13] as well as on health and nutrition services. These effects include potentially substantial reversals of gains in maternal and child survival and nutrition;[14,15] educational disruptions affecting learning and social relationships needed for child development;[16] increased vulnerability of children and women to violence, abuse,[17] and mental health problems; and disproportionate effects on the poorest children and young people.[18] The limitations in response to the pandemic are reflective of the challenge we face in transforming the agenda for child health globally, as governments (and international agencies) appear to be ill prepared to prioritise needs and respond comprehensively. This situation has been further exacerbated by the failure of the 2021 UN Climate Change Conference to rise to the aspirations of millions of children and young people globally with sufficient actions to address the planet's future.[19] Recent humanitarian disasters in Afghanistan and Tigray, Ethopia, coupled with the Russian invasion of Ukraine, have exposed millions of families and children to enormous additional physical and mental health risks.

For more on the **Every Woman Every Child initiative** see https://www.everywomaneverychild.org

We underscore the call for action to make children central to the development agenda[20] and to identify several priority actions. We call on planners and policy makers to break the artificial silos across the continuum from the preconception period to age 20 years using

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the nurturing care framework,[21] and to provide adequate nutrition, social protection, and safe learning environments that begin at home and extend to communities, schools, and national policies. The policy changes to support this transformation should enable seamless planning and coordinated delivery across various platforms to support children, adolescents, and families, including school health and nutrition services, social protection, housing services, and community support. Such evidence-based actions and strategies must reach the most marginalised and hard-to-reach children in diverse settings, such as programmes and safety nets for families living in conflict settings, displaced populations, and urban slums.

For more on **The *Lancet* Future Child Campaign** see https://www.thelancet.com/campaigns/child-adolescent-health

We urgently need to apportion sufficient resources to meet this ambitious but crucial agenda. An annual global funding gap of US$33 billion had been identified in 2021[22] and is likely to increase following the COVID-19 pandemic. This investment is small with much greater returns in human health and capacity, and future economic productivity[23] compared with the trillions of dollars that high-income countries have spent for their own citizens in response to COVID-19[24] and the widening wealth gaps globally.[25] Existing mechanisms of funding global health and nutrition needs through the Global Financing Facility, Global Vaccine Alliance, Global Fund, and Power of Nutrition are inadequate, and must change rapidly.

Over three decades since the historic meeting in New York that laid out the importance of human capital,[26] we call for a global summit for children that covers the entire period of preconception, pregnancy, childhood, and adolescence (age <20 years), and is responsive to their current and future needs. This summit should engage global leaders, policy makers, civil society, academia, and, importantly, children and young people to agree on the investments needed to link children's health, wellbeing, and education to development in human capital. One of the key objectives should be to agree on a common accountability framework for country and global oversight, as well as tracking across relevant sectors. Multiple global indicators, global indexes, and dashboards already exist; what we call for is not a new measure, but a rigorous pursuit to fill persistent data gaps, use evidence to overcome bottlenecks, and improve key measures for children and adolescents. A renewed focus on country ownership of monitoring and accountability, supported by a dedicated global and regional mechanism to track and review progress, is needed.

The current crisis not only poses a substantial threat of stagnation and reversal of progress for children and adolescents globally, but also offers enormous opportunities. We seek a revitalised global effort to fully protect, nurture, and support the health and development potential for every child everywhere, from before conception to adulthood.

We declare no competing interests.

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