Rise, Respond, Recover

Renewing progress on women's, children's and adolescents' health in the era of COVID-19

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Rise, respond, recover: renewing progress on women's, children's and adolescents' health in the era of COVID-19

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Foreword

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As we all know, the COVID-19 pandemic has devastated the lives of women, children, and adolescents in multiple, interconnected ways. Their stories tell us what we need to know. A young woman in Colombia with polycystic ovarian syndrome who has stopped getting her period cannot get a medical appointment. A 40-year-old single woman in South Africa who is depressed because she does not have an income, and who says, "I almost committed suicide because I didn't know who to turn to or what to do to put food on the table for my children." A teenager in Panama who struggles with virtual learning yet also sees how much worse it is for her classmates who do not have Internet at home.

Their lives should not have been upended, even in the midst of a pandemic. They show that we have lost our momentum and our way.

For 20 years or more before 2020, progress, though imperfect and uneven, had been made globally in many key areas that affect their health and well-being. Much of the recent progress is due in part to coordinated, multisectoral efforts including the Global Strategy for Women's, Children's, and Adolescents' Health, for which I am proud to be a new Global Advocate.

But COVID-19 has stopped us in our tracks and put the Sustainable Development Goals (SDGs) even further out of reach. It has also forced us to reconsider how successful we really had been before the pandemic.

As much data presented in this report highlights, huge equity gaps have persisted for decades across all major indicators that tell us about the health and well-being of women, children and adolescents. For example, globally, the number of maternal deaths dropped 35% between 2000 and 2017. However, sub-Saharan Africa and South Asia accounted for 86% of all maternal deaths, a share that has risen as disparities widen. Poor nutrition continues to harm the health and futures of hundreds of millions of children, as seen by data showing that more than 1 in 5 of all children under age 5 were stunted in 2020.

Those who have always borne the brunt of inequities are also those who are disproportionately affected by the direct and indirect impacts of COVID-19. They include women, children and adolescents living in poverty, conflict zones, culturally and socially rigid contexts where they are disadvantaged and discriminated against, and unsafe and exploitative environments.

By further exposing these gaps and their consequences, the COVID-19 pandemic is giving us an opportunity to rewrite the script. We should do this by acknowledging the reality that inequity is itself a form of a pandemic, and that truly sustainable development cannot be achieved without it being at the centre of all our global health and well-being actions. We can only put COVID-19 behind us and be more resilient for future health and socio-economic crises and shocks if we forcefully address inequities through global, regional and national partnerships across the overall development agenda.

An obvious immediate step should be global commitment to ending the COVID-19 pandemic everywhere more quickly through equitable access to COVID-19 vaccinations, which would enable countries to rebuild more quickly and save the lives of many of the most vulnerable women and children.

At the same time, we can start working together to identify other key solutions to generating equity-centred progress and making sure they are available everywhere. This has already been happening at all levels. In response to the shocks, partners have come together to rapidly develop and put in place new and innovative approaches and systems to deliver services to women, children and adolescents and protect the gains. Digital solutions have been shown to be particularly effective and efficient, and can serve as an 'equalizer of opportunity'.

Let's share these examples and get them adapted wherever possible, with particular attention to where the

gaps in access and quality have been the most persistent and destructive. As this brief makes clear, improved access to real-time, quality data and digital solutions, with adequate and effectively used financial and technical support to maximize their use and value, is a critical approach to overcoming the current shortcomings and accelerating the progress called for in the Global Strategy.

It is our collective responsibility – and moral obligation – to increase our investments while also ensuring that resources are channelled toward the hardest to reach. Regaining momentum toward the Global Strategy will help to put these monstrous inequities further behind us, hopefully forever. This is a journey we can and must go on together to keep the promise to every woman, every child, and every adolescent.

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Abbreviations

Global Strategy	Global Strategy for Women's, Children's and Adolescents' Health
LMIC	Low- and middle-income country
PMNCH	Partnership for Maternal, Newborn & Child Health
SDG	Sustainable Development Goal
SRHR	Sexual and reproductive health and rights
UHC	Universal health coverage
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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This action brief summarizes the latest status and trends of key areas related to women's, children's and adolescents' health and well-being from a global perspective. It aims to promote coordinated action among global and national partners to recognize and overcome the disproportionate impact of the COVID-19 pandemic on women, children and adolescents and to accelerate progress to meet the Sustainable Development Goals (SDGs).

Rise, Respond, Recover is an update to Protect the Progress: 2020 progress report on Every Woman Every Child Global Strategy for Women's, Childrens' and Adolescents' Health (September 2020), capturing key evidence points presented in May 2021 to the World Health Assembly as well as top priorities and activities among partners.

The equity agenda for women, children and adolescents

The problem

The world is growing even more inequitable for many women, children and adolescents around the world. The COVID-19 pandemic has exposed and expanded the threats to their health and well-being that they face on a daily basis. These threats are violating the principle of leaving no one behind that is at the centre of our collective commitment to deliver the Global Strategy for Women's, Children's and Adolescents' Health and achieve the SDGs by 2030.

The response

Getting back on track even in the midst of the ongoing COVID-19 crisis should be an imperative, not just an option. And we must do it now to avoid even more lives being lost and people's prospects being diminished. In every country, we must work together to sustain and improve the critical services that give women, children, and adolescents the opportunity to be healthier and safer – and to have the opportunity to lead happier and more productive lives.

The actions

All stakeholders should take immediate coordinated action to target critical gaps. The PMNCH Call to Action on COVID-19 identifies seven action areas where coordinated action is needed urgently to protect the delivery of sexual, reproductive, maternal, newborn, child, and adolescent health services, as well as to address the underlying causes of disparity, including gender inequality. To deliver on the ***COVID-19 Call to Action*** and the ***Decade of Action*** to achieve the SDGs, specific attention is required to ensure:

- **Real-time, quality data** in every country across all areas of relevance to women's, children's and adolescents' health – so we can know where the specific gaps are and can act quickly and decisively to close them up and expand essential services including social protection;
- **Digital health innovations** to improve national COVID-19 response efforts and strengthen health systems;
- **Sharing of lessons learned and experiences** among partners and among countries about sustaining critical services for children and adolescents during this pandemic – so we can build resilience and strengthen our collective emergency preparedness and response agenda for future crises; and
- **Unwavering focus on equity in every aspect of the global COVID-19 response**, including access to COVID-19 vaccines, therapies and tests and protective equipment for frontline health workers, including nurses and midwives – so we can end the global pandemic more quickly while saving lives and restoring economic and social stability for everyone.

1 Women, children and adolescents at the centre of the SDGs

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Women, children and adolescents have long faced entrenched health, social, and economic challenges in most parts of the world. Changing this reality for good will benefit all of us. Societies cannot reach their fullest potential unless women, children, and adolescents are better supported, and that can only happen by ensuring that they are healthy and safe, and have equal access to opportunities. Progress also depends upon women's empowerment and ensuring that women and girls can make their own decisions about their lives. The Sustainable Development Goals (SDGs) are the framework to make this a reality.

The centrality of the health of women, children, and adolescents to achieving the SDGs was reinforced by the launch in 2016 of the Global Strategy for Women's, Children's and Adolescents' Health (Global Strategy), which provided a road map for ending all preventable deaths among women, children and adolescents within a generation[1]. Substantial progress has been made over the past several years in many critical areas related to their health and well-being. But this progress has often been uneven and inconsistent. Even before COVID-19, trends were variable, with progress on track or accelerating towards some targets, while far behind or slowing on others. The uneven progress across regions, countries, populations and other factors is a particular concern that has been exacerbated by the pandemic.

These concerns are not new, but the urgency to address them continues to grow. ***The principle of leaving no one behind is at increased risk of being left behind itself***, which will weaken the achievement of the SDG agenda in much of the world. Halting this spiral away from equity should be one of the main priorities of all partners involved in promoting women's, children's and adolescents' health globally, regionally, nationally, and sub-nationally. This brief discusses why we need to act now and recommends some steps we should take together to ensure the Global Strategy will be realized for everyone.

2 Where we are now, and why we need to recommit to women, children, and adolescents wherever they live

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Evidence shows that strong, dedicated action by countries and their partners has driven dramatic gains over the past 20 years in particular, improving and saving the lives of millions of women, children and adolescents. Yet as noted in a 2020 report by the Independent Accountability Panel for Every Woman, Every Child (EWEC), 'Caught in the COVID-19 storm: women's, children's, and adolescents' health in the context of universal health coverage (UHC) and the SDGs', progress towards the targets of the SDGs to save the lives of women and children was lagging by 20% even before COVID-19 struck[2].

How and to what extent COVID-19 has affected the health and well-being of women, children and adolescents is likely not to be known for years, especially since many countries are still in the throes of the pandemic and many of the impacts will be felt long after the crisis subsides. Even now, more than a year after the pandemic exploded in much of the world, our ability to understand the effects at country level and globally is constrained by longstanding gaps in data quality and availability. For many of the key indicators, the most reliable data allowing for extensive cross-country comparisons and global consolidation date from 2019 or earlier, before the COVID-19 era.

As these shortcomings indicate, the pandemic, has brought into stark relief the weaknesses of country health information systems. One of the main recommendations in this brief includes strategic actions to improve data collection and reporting procedures, including policies around data sharing and data standards.

Yet as suggested by the existing data summarized below – nearly all of it referring to the situation before the pandemic – there is reason to be concerned about many of the trends in women's, children's, and adolescents' health, even without factoring in the effects of COVID-19. The September 2020 report on the Global Strategy, 'Protect the Progress', highlighted many of the same figures and trends, and nearly a year later the urgent need to get back on track is even stronger[3].

In addition to the summary below, the annex of this brief provides a snapshot overview of how we are faring in some of the key issues and indicators of direct relevance to women's, children's and adolescents' health. The selected examples below and in the annex give a clear picture of the progress that has been made, where it has been lacking, and how and where the COVID-19 pandemic is making the need for more urgent, coordinated action stronger than ever.

2.1

Selected mortality markers

Although the risks of poor health outcomes associated with pregnancy have lessened in the past couple decades, we still have a long way to go. Of the 130 low- and middle-income countries (LMICs) assessed in a recent analysis, only about one-third (43) had already reached key targets regarding maternal mortality, neonatal mortality, and stillbirths before 2020. Nearly half, or 62, of all countries with available data need to experience major declines in mortality, often at a much faster rate, to reach the targets by 2030[4].

Globally, the number of ***maternal deaths*** dropped from an estimated 451,000 in 2000 to 295,000 in 2017, a reduction of about 35%[5]. However, sub-Saharan Africa accounted for two-thirds (66%) of all maternal deaths in 2017, with another 20% in Southern Asia. Lack of access to quality antenatal and delivery care is one reason for these disproportionate results. In 2020, 59% of pregnant women globally were estimated to receive four or more ***antenatal care*** visits. However, only 38% of pregnant women in the poorest quintile received four or more antenatal care visits compared to 78% of women in the richest quintile.

Progress in reducing ***stillbirths***, another major indicator that is also related to access to high-quality antenatal and skilled delivery care, has matched reductions in maternal deaths. In 2019, an estimated 2.0 million babies were stillborn at 28 weeks of pregnancy or later, with a global rate of 13.9 stillbirths per 1,000 total births[7 8]. This represents a 35% reduction from 21.4 stillbirths per 1,000 total births in 2000. The pace of improvement is however not sufficient to avoid leaving tens of millions of women and their families bereft[7]. According to projections in 'A neglected tragedy: the global burden of stillbirths', a report released in October 2020, an additional 20 million stillbirths will take place before 2030 if the trends observed between 2000 and 2019 continue[8].

Although mortality trends for newborns, children and adolescents have improved over the past few decades, the rate of progress has varied across these age groups. ***While under-five mortality rate*** halved between 2000 and 2019, the reduction in ***neonatal mortality*** has been slower (a 42% decrease). The reduction in ***adolescent mortality*** was even smaller during this time frame, from 11 deaths per 1,000 in 2000 to 8 deaths per 1,000 in 2019[7]. Almost 1 million adolescents died in 2019, primarily due to road traffic injuries, diarrhoeal diseases, tuberculosis, interpersonal violence and suicide.

2.2

Selected risk factors and services

Other domains of relevance to women's, children's and adolescents' health include behavioural and other risk factors and coverage of interventions and services. Progress in many of these areas was slowing down in the years before the pandemic, with equity gaps by age, geography and national per capita income already recognized as major obstacles to the rate and pace of improvement needed for development commitments to be met.

In the critical area of sexual and reproductive health and rights (SRHR), the proportion of women of reproductive age (15–49 years) who have their need for family planning satisfied with ***modern contraceptive methods*** increased only very modestly from 74% in 2000 to 77% in 2020, an average annual increase of only 0.16% over the two decades[10]. Such a minimal proportion increase over two decades means that the absolute numbers actually rose over that period. In 2019, around 270 million women in this age group who wanted to stop or delay childbearing were not using any modern method of contraception, compared with 237 million in 2000[11].

The percentage increase in having needs for family planning satisfied with modern contraceptive methods was much greater over that time period (from 39% to 60%) for adolescent girls aged 15–19 years, who often face different and unique challenges that make them especially vulnerable and hard to reach. The 2020 level however is much lower than the 76.8% among women of reproductive age overall. Huge inequalities also exist among countries and regions. Fewer than one in two adolescent girls in South Asia, sub-Saharan Africa and the Middle East and North Africa had their demand satisfied in 2020, compared with three in four or larger percentages in every other region. Such gaps help to explain why the annual number of ***births per 1,000 adolescent girls aged 15–19 years*** globally fell only from 45 in 2015 to 41 in 2020[11a].

The weaker-than-desired reduction in births among adolescent girls has been accompanied by relatively poor progress toward other key SRHR indicators for the age group. For example, girls and young women are far more vulnerable than their male peers to contracting HIV in the regions with the highest burdens of that virus. Globally in 2020, around 5000 young women aged 15–24 years became infected with HIV every week. In sub-Saharan Africa, ***6 in 7 new HIV infections among adolescents aged 15–19 years were among girls***, and young women aged 15–24 years in that region were twice as likely to be living with HIV than young men of the same age[12].

As these figures suggest, SRHR inequities are extensive across multiple indicators, including ***unintended pregnancies and unsafe abortions***. According to the most recent figures, three-quarters of abortions in Africa and Latin America were unsafe, and the risk of death from an unsafe abortion was highest in Africa[6].

Key nutrition indicators convey a lot about the health and well-being of children, adolescents, and women. ***Breastfeeding*** has long been a top priority because it helps ensure adequate nutrition to infants, reduces

infections, and promotes a strong maternal-infant bond. Globally, only 44% of babies were exclusively breastfed in 2019. This means that over half of all infants did not receive this life-saving intervention[13].

Other markers of paediatric nutrition show huge risks to many children's short- and longer-term health and development. Globally in 2020, 149.2 million children aged under 5 years were stunted, 45.4 million were wasted, and 38.9 million were overweight[14]. The global rate of stunting among children younger than 5 years fell from 33.1% in 2000 to 22% in 2020[14]. But, like so many others, that trend is also unevenly distributed. In almost a third of the 155 countries with data in 2020, at least 25% of children younger than 5 years were ***stunted***[13]. The majority of stunted children live in sub-Saharan Africa and South Asia. Meanwhile, lack of exercise and poor access to high quality and diverse have contributed to more than 340 million children and adolescents aged 5–19 years worldwide being ***overweight or obese*** in 2016[15]. That corresponded to an 18% share of all young people in that age group, a steep increase from just 4% in 1975[15].

Several of the intervention coverage indicators referred to above are among those included in the Countdown to 2030 continuum of care chart, which presents information on 16 indicators capturing information on essential services for women's and children's health in LMICs. Many results were positive, most notably those showing improvements in coverage of at least 10 percentage points over 10 years through 2019 in 5 of the 16 interventions tracked, including treatment of pregnant women with HIV, immunization with rotavirus vaccine, antenatal care visits and postnatal care for babies. But, concerning trends include declines in diphtheria–tetanus–pertussis (DPT3) and measles vaccinations, and very modest gains in the treatment of pneumonia and diarrhoea.

2.3

Selected impacts of COVID-19

The direct and indirect effects of the COVID-19 pandemic, and in particular the responses by governments to contain the spread of the virus, threaten much of the progress made in women's, children's and adolescents' health. Many LMICs, where the needs are greatest and health systems the most fragile, have experienced challenges to maintaining essential health services during COVID-19.

Listed below are several examples of impacts and projections reported over the last year that are highly relevant to the health, well-being and future prospects of women, children, and adolescents. They provide only a snapshot of overall impact, highlighting the disproportionate effects of the pandemic on these three population groups and their health and safety risks.

Reported and observed impacts

In March and April 2021, more than a year after the COVID-19 pandemic first prompted lockdowns worldwide, 39% of 124 countries surveyed reported a drop compared with the same time the previous year in the coverage of ***family planning services***, with 23 of them (19%) reporting a decline in coverage of more than 10%. Of those 124, nearly the same share (38%) reported drops over the same period in the coverage level of ***maternal health services*** (antenatal and post-natal)[16].

More than one third of countries recently reported disruptions to both routine facility-based and outreach ***immunization*** services(16). Of 89 countries responding to survey questions on routine outreach immunization services, 39% reported declines of at least 5%, with 18% reporting declines of more than 25%. For routine facility-based immunization services, 34% of 103 countries reported disruptions of at least 5%, with 10% reporting a decline greater than 25%[16].

41% of 92 countries responding to recent survey questions on management of moderate and severe ***malnutrition*** reported disruptions of at least 5%, with 17% reporting disruptions greater than 25%[17]. In April 2021, 25% of the countries still reported a drop in coverage of programs such as school feeding and take-home rations delivered through schools [16].

Drops in access to child protection services by ***children with disabilities*** compared with the same period last year were reported recently by 21% of 124 countries responding to a UNICEF survey[16].

Of 61 countries responding to UNICEF survey questions in the 2021 first quarter, 24% reported disruptions of at least 5% in services for intimate partner and sexual ***violence prevention and response***[17].

As of 30 June 2021, ***schools*** in 19 countries were closed country-wide, and schools were only partially open – either just in some locations or only for certain grade levels – in a further 56 countries[18]. One year into the COVID-19 pandemic, close to half the world's students were still affected by partial or full school closures, and it was estimated that 100 million additional children will fall below the minimum proficiency level in reading as a result of the health crisis[19]. The inequities are especially stark in regions such as Latin America, where schools have stayed shut longer than in any other region since March 2020. The poor there are highly disadvantaged by virtual learning, as just 45% of the poorest fifth of students in the region are estimated to have access to the internet at home, compared with 98% of the richest fifth[20].

Projections from modelling (direct and indirect impact of COVID-19)

It has been estimated that reductions of about 15% in coverage of key ***high-impact maternal and child health interventions*** for six months in 118 LMIC could result in 253,500 additional child deaths and 12,200 additional maternal deaths[21]. Reductions approaching 45% for six months would result in 1,157,000 additional child deaths and 56,700 additional maternal deaths[20].

As many as 47 million women in 114 LMICs may be unable to use modern ***contraceptives*** if the average lockdown, or COVID-19-related disruption, continues for six months with major disruptions to services. Such an impact could result in an additional 7 million ***unintended pregnancies***[13].

Projections from 2020 to 2030 suggest that the economic consequences of the COVID-19 pandemic could cause a one-third reduction in progress towards ending ***gender-based violence*** and could result in an additional 13 million ***child marriages*** taking place that otherwise would not have occurred[13].

Interruption of antiretroviral therapy for six months would increase ***mother-to-child transmission of HIV*** by approximately 1.6 (60%) times in a one-year period[22].

More than 200,000 additional ***stillbirths*** could occur over the next 12 months in 117 LMICs due to severe COVID-related disruptions in health care services[8].

In 2020, there were an estimated 119 women living in ***extreme poverty*** for every 100 men aged 25 to 34. The pandemic seems likely to prevent efforts to reduce this major inequity. Due in part to the effects of COVID-19, the gap is expected to increase to 121 women for every 100 men by 2030, with women from South Asia particularly affected[23]. UNICEF has estimated there could be an additional 118 million children in households defined as poor by national standards by the end of 2021 compared with 2019[24].

The full extent of these losses may never be known without robust national data systems. One hopeful sign however from the most recent surveys by the World Health Organization (WHO) and UNICEF is that there has been a decrease in reported service disruptions compared with previous rounds in the 2020 third quarter. Yet, even if the disruptions were briefer and the setbacks smaller than expected, COVID-19 has caused reversals or stagnation in progress toward the SDGs, thereby putting more vulnerable people at higher risks of death, disease and disability from preventable and treatable causes.

Recent data analyses have revealed significant gender bias inherent in the response to COVID-19. For example, according to the 2021 Gender 50/50 Report, analysis covering more than 201 of the most influential organizations active in global health found that fewer than 2 in 10 COVID-19 health-related activities considered gender in an explicit way. Activities ranged from access to health services, protecting health care workers and supporting national and global surveillance[25].

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3 Where we need to go: renewed focus on equity

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As countries adapt and respond to the pandemic, many are taking stronger action toward safeguarding critical health services for women, children and adolescents. Nearly 9 of 10 (87%) of the 112 countries responding to a WHO survey undertaken during the first quarter of 2021[17] reported having identified essential health services to be maintained during the pandemic in a national policy or plan, an increase from 70% in survey results covering the third quarter of 2020[26].

As countries continue to invest in programmes and strategies to protect access to health services during the pandemic, it is important to apply a gender lens when doing so. The COVID-19 pandemic has further threatened and in many cases reversed progress toward all the SDGs, as it has proved to be not only a health crisis but a socio-economic one that affects all aspects of human behaviour and experience. The global economy contracted by 3.3% in 2020[27], with variations across regions and countries. Latin America and the Caribbean was the most affected region, with a 7% decline in gross domestic product (GDP), with declines of 1.5% in Asia and 1.9% in sub-Saharan Africa, two other regions with many highly vulnerable women, children and adolescents.

These economic shocks are behind a recent World Bank estimation that the pandemic led to 97 million more people being in poverty in 2020[28].

The overall consequences can be seen in humanitarian and fragile settings, where COVID-19 is not only intensifying pre-existing inequities but also creating new ones. Recent evidence tells us that between 1995 and 2015, conflict contributed to the deaths of more than 10 million children under the age of five[29]. Compared with non-conflict zones, maternal mortality is estimated to increase by 11% on average in conflict zones and by 28% in the worst-hit areas[30]. The global disruptions to essential health and social services caused by COVID-19 appear to worsen these conditions. For instance, data from November 2020 indicate that refugees and asylum seekers were unable to access COVID-19-related social protection measures in 59 countries[31]. Further, if left unaddressed, the large economic shocks induced by the COVID-19 pandemic may exacerbate drivers of conflict in the medium term and generate even larger welfare losses as a result.

Moving forward, it is vital to expand and strengthen legislation and regulations, set clear targets, and communicate better to bring people together. In

particular, finding ways to better ensure the full and inclusive participation of those most commonly left behind, such as women, children and adolescents in most contexts, is essential for strengthened accountability.

This ambition requires robust financing for women's, children's and adolescents' health, through increased and sustained official development assistance (ODA) and domestic funding, including a strong focus on essential health and social services for women, children and adolescents, as well as pro-equity funding schemes prioritizing the most vulnerable communities.

Partnerships at all levels – within and among countries – must be nurtured and re-energized to ensure women, children and adolescents are not left behind as countries continue to grapple with COVID-19 responses. To close the gaps in health equity, we must also promote a comprehensive, gender-responsive health systems approach that is truly inclusive not only of gender but also of age, race, sexual identity, socio-economic status and geography.

3.1 Recommended action areas to accelerate progress

All partners and stakeholders have a role to play to deliver on the ***COVID-19 Call to Action*** and the ***Decade of Action*** to achieve the SDGs, including by identifying where gaps and problems exist so that better-targeted, efficient and effective efforts are designed and implemented. This important coordinated, collaborative work can be further advanced through the seven asks of the Call to Action, and the following concrete actions:

National governments and global partners should work together to promote and support the gathering and use of real-time, quality data across all areas of relevance to women's, children's and adolescents' health. One overarching lesson learned again and again over the course of the COVID-19 pandemic is that poor-quality and limited data hinders global and national efforts to respond quickly and effectively, a problem that continues to harm millions of women, children and adolescents as they struggle to survive and thrive. For example, data on morbidities and risk behaviours are frequently lacking, with the omissions particularly true for children aged 5–9 years and adolescents. The births of 1 in 4 children under 5 years of age worldwide are not registered, and neither are 4 of 10 world's deaths.

Priority action areas should include the following:

- Increased investments in ***real-time data generation, analysis, and use in lower-income countries***. This is essential to properly balance current global investments in health data, which are currently heavily focused on modelling.

- Strengthened ***civil registration and vital statistics (CRVS) systems*** in all countries, with immediate attention to where the current gaps are greatest.
- Strengthened health information systems that can capture and integrate ***disaggregated data***, including by sex, age and various indicators relevant to women's, children's and adolescents' health.
- More ***standardization of data*** across countries. The age groupings currently used to record and report health data vary greatly, for example, hindering the usefulness of such data both within and across countries. Variations in age and sex reporting during the pandemic have limited the ability to perform rapid and reliable cross-country analyses to guide public health and other policy responses such as school and workplace reopening.

Global partners and national governments should lead the effort to expand access to and use of digital health innovations that can improve availability of essential services for women, children, and adolescents. For example, since the start of the pandemic digital technology has been utilized successfully in many settings for telehealth consultations. These have enabled many women to practise self-care and thus avoid complete lack of access to information and resources for their essential health needs.

Even so, highly uneven access to digital technologies within and among countries means that not all benefit at the same pace. This was evident in responses to the pandemic, as the expansion and related policy change adaptations regarding telehealth opportunities were highly variable. Changes were much less likely to have occurred in lower-income countries – a situation that further widened inequities that harm millions of women, children and adolescents with multiple, often urgent service needs.

Better outcomes for children and adolescents in particular should also be pursued through globally negotiated policy and regulatory changes that seek to limit ***negative health impacts of an increasingly digitalized world***. As highlighted in a 2020 WHO-UNICEF-Lancet commission, "Children around the world are exposed to advertising from business, whose marketing techniques exploit their developmental vulnerability and whose products can harm their health and well-being", including by contributing to the growing crisis of childhood obesity[32]. The Commission's strong call was that children "need and deserve to be protected from marketing of tobacco, alcohol, formula milk, and sugar-sweetened beverages, gambling, and potentially damaging social media, and the inappropriate use of their personal data."

Global partners should promote and invest in identifying and sharing lessons learned on sustaining services critical for the health and well-being of women, children and adolescents, during times of crisis and in the context of UHC and SDGs. This should include suggestions and information on how to adapt lessons learned to different contexts. For example, knowing how and where to invest to build more resilient health systems and structures is critical to progress, as highlighted by

the recent report of the Independent Panel for Pandemic Preparedness and Response[33]. The report noted that the "lack of planning and gaps in social protection have resulted in the pandemic widening inequalities with a disproportionate socio-economic impact on women and vulnerable and marginalized populations, including migrants and workers in the informal sector."

We should begin taking steps now to limit the impact of a future pandemic and other such shocks. In particular, as we learned during COVID-19, it is important to support, protect and care for health workers, and to innovate to improve and maintain quality of care for women, children and adolescents during emergencies. Women, who make up 70% of the frontline health workforce, need to take a meaningful role in the design, implementation and monitoring of pandemic preparedness and response. Greater diversity in leadership roles– including by increasing representation of women of colour – can enhance crucial gender- and racially sensitive responses to disease outbreaks.

Global leaders should immediately and unreservedly commit to an equity-based approach to ending the COVID-19 pandemic, including by taking the necessary steps to dramatically ***scale up access to vaccinations, therapeutic and testing options, and other vital tools and commodities, such as personal protective equipment (PPE) and medical oxygen***. When vaccine supplies are limited, one key component of an equity approach should be global coordination to ensure that people who are at highest risk of contracting the virus, and experiencing severe or life-threatening illness from it, are prioritized for vaccine access wherever they live. Vaccine equity across countries also must be accompanied by vaccine equity within countries. Both types of equity are essential for the health, well-being and safety of many women, children and adolescents. Women are often more at risk due to their disproportionate representation in the health care workforce and other jobs and activities requiring regular, direct engagement with others.

Fully funding the Access to COVID-19 Tools Accelerator (ACT-A) is essential to rapidly and equitably deploy COVID-19 diagnostics, therapeutics and vaccines globally and address obstacles in supply, demand, delivery, coordination and quality of care. At the national level, countries should invest to train and support health workers, raise awareness of vaccines and generate demand for them, and ensure that health systems can deliver on scaled up COVID-19 services while also maintaining and expanding other health services.

4 The future is now

The significant progress made over the past two decades or more in women's, children's, and adolescents' health and well-being worldwide is a remarkable testament to the power of coordination, partnership, commitment and solidarity. It has shown that the health and rights of the most vulnerable not only can be improved, but must be improved – to save lives and to give them the opportunities to thrive that they deserve as well as to make their communities and societies stronger and more resilient overall.

Leaders around the world at all levels and in every sector should remember these lessons as they respond to the ongoing COVID-19 crisis and look to the future. Now is the time to leave no one's health behind and to invest in health systems for all[34]. We call on all leaders and other stakeholders across society to take urgent action for health systems that protect everyone. This includes building partnerships through genuine civil society engagement, giving UHC principles more weight in every crisis response, and empowering women, who are proving to be highly effective leaders themselves in health emergencies.

The final and most difficult work toward the SDGs and truly transforming the health and well-being of women, children and adolescents has always been, and continues to be, delivering and maintaining the same quality and consistent services to the hardest to reach and reducing persistent equity gaps within and between countries. This however should not be an excuse[32] to accept a slower pace that will leave targets unmet and goals unachieved. Millions of women, children and adolescents who are left behind continue to be at huge and unnecessary risk of becoming sick, being abused, living in extreme poverty, and dying from preventable causes. Leaving them behind is unacceptable. We can – and must – do better.

PMNCH CALL TO ACTION COVID-19

Throughout the Covid-19 response and recovery, we urge governments to protect and promote the health and rights of women, children and adolescents through strengthened political commitment, policies and domestic resource mobilization and financing, supported by ODA, for:

1. Sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) services, supplies, and information and demand generation including for contraception, safe abortion, immunization, safe delivery, stillbirth prevention, and mental health;
2. Advancing sexual and reproductive rights and gender equality;
3. Quality care, including respectful and dignified care, and effective community engagement and redress mechanisms;
4. Recruitment, training, equal and fair pay, and safe working conditions, including protective personal equipment, for frontline health workers, notably midwives and nurses;
5. Social protections, including food and nutrition security, for marginalized and vulnerable groups and enhanced data to better understand and address disparities experienced by adolescents, refugees, the internally displaced, migrants, indigenous communities, persons living with disabilities, among others;
6. Functional, safe, and clean toilet and hand washing facilities and quality potable drinking water, with a particular focus on healthcare centers, schools, and centers for refugees and internally displaced persons; and
7. Prevention of violence against women, children and adolescents through education and protection programs.

The Call to Action on COVID-19 campaign orchestrated by the 1,200 member-organizations of PMNCH is one approach that aims to put these ideas and priorities into action. It supports governments to protect and advance the health of women, children and adolescents in the context of the response to COVID-19 through strengthened political commitment, policies and resource mobilization and financing. The campaign focuses on seven goals, including protecting access to sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) services; improving gender equality and access to SRHR; improving quality care; supporting and protecting frontline health workers, including nurses and midwives; ensuring stronger social safety nets, including through improved national data systems; clean water; sanitation; and prevention of violence. To date, 17 low-and-middle income countries and bilateral donors have committed more than $20 billion, aligned with the PMNCH Call to Action on COVID-19.

References

1. EWEC. The Global strategy for women's, children's and adolescents' health (2016-2030). *Geneva: EWEC. 2020*

2. Independent Accountability Panel for Every Woman, Every Child, Every Adolescent. 2020 Report: Caught in the COVID-19 storm: women's, children's and adolescents' health in the context of UHC and the SDGs. *Geneva: World Health Organization. 2020*

3. WHO. Protect the progress: rise, refocus and recover. 2020 progress report on Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). *Geneva: World Health Organization and the United Nations Children's Fund (UNICEF). 2020.*

4. Countdown to 2030. Maternal and newborn health in low-and middle-income countries: A brief assessment of mortality, coverage and policies. *Align MNH. 2021*

5. WHO. Maternal mortality: Levels and Trends. *WHO. 2019*

6. UNICEF. UNICEF global database. Accessed from: https://data.unicef.org/topic/maternal-health/antenatal-care

7. UNIGME. Levels and Trends in Child Mortality. *WHO, UNICEF, World Bank, UN. 2020*

8. UNIGME. A Neglected Tragedy: The global burden of stillbirths. *WHO, UNICEF, World Bank, UN. 2020*

9. WHO. WHO Global Health Estimates 2000-2019. 2020. Accessed from: https://www.who.int/data/global-health-estimates

10. United Nations Department of Economic and Social Affairs, Population Division World Fertility and Family Planning 2020: Highlights. *UNDESA. 2020*

11. Kantorová V, Wheldon MC, Ueffing P, Dasgupta ANZ. Estimating progress towards meeting women's contraceptive needs in 185 countries: A Bayesian hierarchical modelling study. *PLoS Med*. 2020;17(2):e1003026. Published 2020 Feb 18. doi:10.1371/journal.pmed.1003026

    - Progress towards the Sustainable Development Goals. Report of the Secretary-General. United Nations Economic and Social Council, E/2021/58. 30 April 2021

12. UNAIDS. 2021 Global HIV & AIDS statistics – Fact Sheet. UNAIDS. 2021 Accessed from: https://www.unaids.org/en/resources/fact-sheet

13. WHA. Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)- Report by the Director- General. *WHO*. 2021

14. UNICEF/ WHO/ The World Bank. Joint child malnutrition estimates: levels and trends in child malnutrition: key findings of the 2021 edition. *UNICEF/ WHO/ The World Bank.* 2021

15. WHO. Obesity and overweight Factsheet. WHO. 2021. Accessed from: https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight

16. UNICEF. Tracking the situation of children during COVID-19. *UNICEF*. 2021. Accessed from: https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/

17. WHO. Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic. *WHO*. 2021

18. UNICEF. Education: From disruption to recovery. *UNICEF*. 2021. Accessed from: https://en.unesco.org/covid19/educationresponse#schoolclosures

19. UNESCO. 100 million more children under the minimum reading proficiency level due to COVID-19 - UNESCO convenes world education ministers. *UNESCO*. 2021. Accessed from: https://en.unesco.org/news/100-million-more-children-under-minimum-reading-proficiency-level-due-covid-19-unesco-convenes

20. World Bank. Acting Now to Protect the Human Capital of Our Children : The Costs of and Response to COVID-19 Pandemic's Impact on the Education Sector in Latin America and the Caribbean. *World Bank: Washington, DC*. 2021

21. Roberton T, Carter ED, Chou VB, Stegmuller AR, Jackson BD, Tam Y, Sawadogo-Lewis T, Walker N. 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 Glob Health. 2020 Jul;8(7):e901-e908.

22. Jewell BL, Mudimu E, Stover J, Ten Brink D, Phillips AN, Smith JA, Martin-Hughes R, Teng Y, Glaubius R, Mahiane SG, Bansi-Matharu L, Taramusi I, Chagoma N, Morrison M, Doherty M, Marsh K, Bershteyn A, Hallett TB, Kelly SL; HIV Modelling Consortium. Potential effects of disruption to HIV programmes in sub-Saharan Africa caused by COVID-19: results from multiple mathematical models. Lancet HIV. 2020 Sep;7(9):e629-e640.

23. UN WOMEN/ Women Count. From insights to action: Gender equality in the wake of COVID-19. *UN WOMEN*. 2020

24. UNICEF. Children in monetary poor households and COVID-19. *UNICEF*. 2020

25. Global Health 50/50. 'Gender Equality: Flying blind in a time of crisis, The Global Health 50/50 Report 2021'. *London, UK*, 2021

26. WHO. Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report. *WHO*. 2020

27. International Monetary Fund. World economic outlook: Managing Divergent Recoveries. *Washington DC*: *IMF*. 2021

28. Gerszon Mahler D, Yonzan N, Lakner C, Andres Castaneda Aguilar R, Wu H. Updated estimates of the impact of COVID-19 on global poverty: Turning the corner on the pandemic in 2021? *World Bank Blog*. 2021. Accessed from: https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty-turning-corner-pandemic-2021

29. Bendavid E, Boerma T, Akseer N, Langer A, Malembaka EB, Okiro EA, Wise PH, Heft-Neal S, Black RE, Bhutta ZA; BRANCH Consortium Steering Committee. The effects of armed conflict on the health of women and children. *Lancet*. 2021;397(10273):522-532.

30. Wagner Z, Heft-Neal S, Wise PH, Black RE, Burke M, Boerma T, Bhutta ZA, Bendavid E. Women and children living in areas of armed conflict in Africa: a geospatial analysis of mortality and orphanhood. Lancet Glob Health. 2019;7(12):e1622-e1631.

31. UNICEF. Across virtually every key measure of childhood, progress has gone backward, UNICEF says as pandemic declaration hits one-year mark. *UNICEF*. 2021. Accessed from: https://www.unicef.org/press-releases/across-virtually-every-key-measure-childhood-progress-has-gone-backward-unicef-says

32. UNICEF. Birth Registration. *UNICEF*. 2020. Accessed from: https://data.unicef.org/topic/child-protection/birth-registration/#

33. IPPPR. Covid 19: Make it the Last Pandemic- Main Report. *IPPPR*. 2021

34. UHC2030 Co-Chairs and the UHC Movement Political Advisory Panel. Joint statement. *1 May 2021*

Annex. Snapshot of selected key trends in women's, children's and adolescents' health, and potential impact of COVID-19

Indicator/ issue	Why this is important	Trend/gap examples	Sample global public goods/frameworks or tools to support the COVID-19 response	COVID-19 impact examples/ projections
Family planning	Ensuring access for all people to their preferred contraceptive methods advances several human rights, including the right to life and liberty, freedom of opinion and expression and the right to work and education, as well as bringing significant health and other benefits. Use of contraception prevents pregnancy-related health risks for women, especially for adolescent girls.	Nearly 77% of women of reproductive age (15–49 years) have their demand for family planning satisfied with modern contraceptive methods. At the same time, around 270 million women of reproductive age who want to stop or delay childbearing are not using any modern method of contraception[1].	WHO operationalized the Family Planning Accelerator project to improve access to and the quality of rights-based family planning services in 14 countries in three WHO regions.	A UNICEF survey in the first quarter of 2021 found that 25 (19%) of the 129 responding countries were experiencing severe disruptions (≥10%) in family planning services as compared to the same time last year[2]. Due to COVID-19 impacts, an estimated 47 million women in 114 LMICs may be unable to access modern contraceptives, thereby resulting in an additional 7 million unintended pregnancies[3].
Antenatal, delivery and postnatal care	Antenatal care and skilled delivery care are essential for protecting the health of women and their unborn baby. Postnatal care (often defined as the first six weeks after birth) is also critical to the health and survival of a mother and her newborn, with the most vulnerable time for both being during the hours and days after birth. Lack of high quality care before during and after childbirth may result in death or disability as well as missed opportunities to promote healthy behaviours, affecting women, newborns, and children.	The median percentage for 88 LMICs with a national survey since 2010 was that only 57% of mother-baby dyads received all three minimum recommended contacts of care: four antenatal care visits, institutional delivery care, and postnatal care visit within two days for mother or baby[4].	Ten countries that are part of the Network for Improving Quality of Care for Maternal, Newborn and Child Health have strengthened their national strategies and policies using a systems approach.	Of 110 countries responding to a WHO pulse survey in the first quarter of 2021, 43 (39%) reported at least 5% disruption in antenatal care services and 33 (33%) of 101 countries reported at least 5% disruption in postnatal care services, while 25 (19%) of the 129 responding to a recent UNICEF survey reported disruptions ≥10% in antenatal and post-natal care services[5 2].
Stillbirths	With quality health care throughout pregnancy and childbirth, most stillbirths are preventable.	The global stillbirth rate declined from 21.4 per 1,000 total births in 2000 to 13.9 in 2019, a 35 per cent reduction[6]. Of the nearly 2 million babies who were stillborn globally in 2019, 84% occurred in low income and lower-middle-income countries.	Partners including UNICEF, UNFPA, WHO and the International Confederation of Midwives are partners in the Strengthening Quality Midwifery Education for Universal Health Coverage 2030: Framework for Action, which contains a seven-step action plan.	It is estimated that about 200,000 additional stillbirths could occur in a period of 12 months in 117 LMICs if severe COVID-related disruptions in health care services occur[6].
Breastfeeding	Breastfeeding is one of the most effective ways to ensure child health and survival because breastmilk is the ideal food for infants. It is safe, clean and contains antibodies which help protect against many common childhood illnesses.	Globally, only 44% of babies were exclusively breastfed in 2019. This means that over half of all infants did not receive this life-saving intervention[3].	WHO and UNICEF annually publish a Global Breastfeeding Scorecard based on UNICEF's global database on infant and young child feeding that allows tracking children's diets over time. The two agencies also have produced guidance on indicators to support program assessment, planning and monitoring and reporting on breastfeeding and complementary feeding.	A UNICEF survey in the first quarter of 2021 found that 25 (20%) of 124 responding countries reported violations to the International Code of Marketing of Breastmilk Substitutes in the last month in relation to the COVID-19 response[2].

Indicator/ issue	Why this is important	Trend/gap examples	Sample global public goods/frameworks or tools to support the COVID-19 response	COVID-19 impact examples/ projections
 **Stunting, wasting**	Undernutrition puts children at greater risk of dying from recurring, severe infections. Children suffering from wasting or acute child malnutrition have weakened immune systems and face an increased risk of death. Stunting or chronic malnutrition may result in irreversible physical and cognitive damage.	Between 2000 and 2020, stunting prevalence globally declined from 33% to 22%[7]. More than 50% of all stunted children live in Asia and another 41% in Africa. In 2020 globally, 6.7% children under five were wasted. Seventy % of all wasted children live in Asia and more than one-quarter in Africa[7].	Annual joint malnutrition estimates are produced by UNICEF-WHO and the World Bank. UNICEF, FAO, UNHCR, WFP and WHO released the Global Action Plan on Wasting that presents a framework to accelerate progress in preventing and managing child wasting.	Of 92 countries reporting to a WHO pulse survey in the first quarter of 2021, 41% reported at least 5% disruption in management of moderate to severe acute childhood malnutrition[5]. A UNICEF survey in April 2021 showed similar patterns in service disruption with 39% of countries reporting a drop in coverage for programs on detection and 37% in treatment of severe acute malnutrition[2].
 **Immunizations**	Vaccines against 10 major diseases prevented 37 million deaths between 2000 and 2019 in low- and middle-income countries worldwide, with young children benefiting most.	During 2020, 87% of infants worldwide (113 million) received at least one dose of diphtheria–tetanus–pertussis (DTP3) immunization[8]. The COVID-19 pandemic and associated disruptions have strained health systems, with 23 million children missing out on vaccination in 2020, 3.7 million more than in 2019 and the highest number since 2009[8].	Gavi the Vaccine Alliance and the International Organization for Migration (IOM) have strengthened their collaboration on vaccination efforts and related health services for migrants and forcibly displaced persons across the world, both regarding routine immunizations as well as in response to outbreaks.	A UNICEF survey in the first quarter of 2021 found that over half of the 128 responding countries reported disruptions to routine immunization, including 24 (19%) reporting disruptions of ≥10%[2].
 **Access to school meals**	School meals have a major impact on the lives of children, particularly those from poor families, because they can stave off hunger, support long-term health and help a child learn and thrive. For girls, these meals are often even more important, as they help keep them in school longer, reduce child marriages, and decrease teen pregnancies.	Before the COVID-19 pandemic, national school feeding programmes delivered school meals to one in two schoolchildren globally – or 388 million children – more than at any time before, making them the most extensive social safety net in the world[9].	The World Food Programme (WFP) in January 2020 launched a 10-year School Feeding Strategy that includes the promotion of research on school health and nutrition as a global public good, helping countries create more cost-efficient programmes. A year later, in February 2021, WFP announced that it would build a coalition to support governments to scale up their school health and nutrition programmes, working with development agencies, donors, the private sector and civil society organizations.	According to WFP's report, 'State of School Feeding Worldwide', 370 million children in 199 countries and territories were suddenly deprived of school meals when schools closed during the peak of the pandemic. That meal was for many their only nutritious food of the day[10].
 **Child and adolescent mental health**	Mental health conditions account for approximately 14% of the global burden of disease and injury in people aged 10–19 years[11]. Half of all mental health conditions start by 14 years of age but most cases are undetected and untreated.	Approximately 1 in7 adolescents globally experience mental disorders[12]. Suicide is among the top 5 causes of death for 10–19-year-olds worldwide and around 15% of adolescents in low-and middle-income countries have considered suicide.	UNICEF and WHO in May 2021 launched the Helping Adolescents Thrive Toolkit, which provides programmatic guidance for people working in the health, social services, education and justice sectors on how to implement strategies for adolescent mental health promotion and protection[13].	According to results from a UNICEF rapid assessment survey (U-report poll) in September 2020 among more than 8,400 adolescents and young people in nine countries in Latin America and the Caribbean, 27% of respondents reported feeling anxious and 15% reported feeling depressed in the last seven days. The pandemic and its impacts have negatively affected their perception of the future, with young women particularly worried: 43% of girls and women reported feeling pessimistic about the future compared with 31% of the male participants[14].

Indicator/ issue	Why this is important	Trend/gap examples	Sample global public goods/frameworks or tools to support the COVID-19 response	COVID-19 impact examples/ projections
Child marriages	Girls who marry before 18 are more likely to experience domestic violence and less likely to remain in school. They have worse economic and health outcomes than their unmarried peers, which are eventually passed down to their own children, further straining a country's capacity to break intergenerational cycles of poverty.	Over the decade through 2018, the proportion of young women who were married as children decreased by 15 per cent, from 1 in 4 (25%) to approximately 1 in 5 (21%)[15]. However, no region is on track to meet the SDG target of eliminating this practice by 2030.	The UNFPA-UNICEF Global Programme to End Child Marriage was launched in 2016 to advance efforts to end child marriage by 2030 and protect the rights of millions of the most vulnerable girls around the world. The programme reached more than 7.9 million adolescent girls with life-skills training and school attendance support over its first phase (2016–2019).	Projections from March 2021 suggest that over the next decade, up to 10 million more girls will be at risk of becoming child brides as a result of the pandemic[16].
HIV and adolescent girls and young women	Adolescent girls and young women are at heightened risk of HIV in many parts of the world due to factors including lack of economic empowerment and educational opportunities, widespread gender-based violence, and limited access to reproductive health information and services.	Adolescent girls and young women remain disproportionately vulnerable to HIV. In 2020, around 5,000 young women aged 15–24 years became infected with HIV every week. In sub-Saharan Africa, 6 in 7 new HIV infections among adolescents aged 15–19 years were among girls, and young women aged 15–24 years in that region were twice as likely to be living with HIV than young men of the same age[17].	UNAIDS' new global AIDS strategy 2021–2026 puts the rights and multiple and diverse needs of women and girls across their life cycle at the centre of the response: from preventing vertical transmission to providing access to quality education in safe and supportive environments to ensuring comprehensive sexuality education and holistic sexual and reproductive health services[18].	According to UNICEF projections from 2020, around 2.8 million children and adolescents aged 0–19 years and 1.3 million pregnant women living with HIV globally may experience adverse effects due to COVID-19 control measures[17]. Of 27 responding HIV-priority countries to a UNICEF survey in the first quarter of 2021, 11 (41%) reported disruptions in treatment of adolescents aged 15-19, including 4 (15%) reporting disruptions of ≥10% as compared to the same time last year[2].
Violence against women and children	Violence can negatively affect women's physical, mental, sexual, and reproductive health, and may increase the risk of acquiring HIV in some settings. Children who experience violence are harmed physically and mentally, with the negative effects often crossing all parts of their lives and lasting throughout their lives.	Globally, 26% of females aged 15 years or older have been subjected to physical and/or sexual violence from a current or former husband or male intimate partner at least once in their lifetime[19].	In 2020, WHO jointly with UNFPA, UNICEF, UNODC, UN Women and the UN Statistic Division launched the first global status report on preventing violence against women.	89 of 135 countries responding to a UNICEF survey in March-April 2021 reported disruptions in at least one child protection service due to COVID-19[2]. Home visits by social service and/or justice workers (n=45), residential and family-based alternative care services and legal/judicial processes (n=31), and procedures or services for children in contact with the law (n=30) were the most commonly disrupted services.

References

1. Kantorová V, Wheldon MC, Ueffing P, Dasgupta ANZ. Estimating progress towards meeting women's contraceptive needs in 185 countries: A Bayesian hierarchical modelling study. *PLoS Med.* 2020;17(2):e1003026.

2. UNICEF. Tracking the situation of children during COVID-19. *UNICEF*. 2021. Accessed from: https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/

3. WHA. Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)- Report by the Director- General. *WHO*. 2021

4. Countdown to 2030. Maternal and newborn health in low-and middle-income countries: A brief assessment of mortality, coverage and policies.*Align MNH*. 2021

5. WHO. Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic. *WHO*. 2021

6. UNIGME. A Neglected Tragedy: The global burden of stillbirths. *WHO, UNICEF, World Bank, UN*. 2020

7. UNICEF/ WHO/ The World Bank. Joint child malnutrition estimates: levels and trends in child malnutrition: key findings of the 2021 edition. *UNICEF/ WHO/ The World Bank*. 2021

8. WHO/UNICEF. Immunization and vaccine-preventable communicable diseases. *WHO*. 2021. Accessed from: https://www.who.int/data/gho/data/themes/immunization

9. UN. COVID-19 imperils 'historic advances' in children's access to school meals: UN report. *UN*. 2021. Accessed from: https://news.un.org/en/story/2021/02/1085552

10. WFP. State of School Feeding Worldwide 2020 Report. *WFP*. 2021 On immediate and long-term impacts of school closures and how countries have adapted school feeding programs, refer to UNICEF-WFP research paper: Borkowski, A., Ortiz-Correa, J. S., Bundy, D. A. P., Burbano, C., Hayashi, C., Lloyd-Evans, E., Neitzel, J., and Reuge, N., (2021), COVID-19: Missing More Than a Classroom. The impact of school closures on children's nutrition. Innocenti Working Paper 2021-01. Florence: UNICEF Office of Research – Innocenti. *Accessed from*: https://www.unicef-irc.org/publications/pdf/COVID-19_Missing_More_Than_a_Classroom_The_impact_of_school_closures_on_childrens_nutrition.pdf?utm_source=mailchimp&utm_medium

11. WHO. Global Health Estimates 2019: Disease burden by Cause, Age, Sex, by Country and by Region, 2000-2019. *WHO*. 2020.

12. UNICEF. Increase in child and adolescent mental disorders spurs new push for action by UNICEF and WHO. *UNICEF*. 2019. Accessed from: https://www.unicef.org/press-releases/increase-child-and-adolescent-mental-disorders-spurs-new-push-action-unicef-and-who

13. WHO/UNICEF. WHO and UNICEF launch new tools for the promotion of adolescent mental health and the prevention of mental health conditions.*WHO/UNICEF*. 2021. Accessed from: https://www.who.int/news/item/18-05-2021-who-and-unicef-launch-new-tools-for-the-promotion-of-adolescent-mental-health-and-the-prevention-of-mental-health-conditions

14. UNICEF. The impact of COVID-19 on the mental health of adolescents and youth. *UNICEF Latin America and Caribbean*. 2021.

15. UNICEF. Child Marriages: Latest trends and future prospects Report. UNICEF. 2018.

16. UNICEF. COVID-19: A threat to progress against child marriage. *UNICEF*. 2021. Accessed from https://data.unicef.org/resources/covid-19-a-threat-to-progress-against-child-marriage/

17. UNICEF. Children, HIV and AIDS: How will progress be impacted by COVID-19? *UNICEF*. 2020. Accessed from: https://data.unicef.org/resources/children-hiv-and-aids-how-will-progress-be-impacted-by-covid-19/

18. UNAIDS. Executive Director's message on International Women's Day 2021. *UNAIDS*. 2021. Accessed from: https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2021/march/international-women-day

19. WHO. Violence Against Women Prevalence Estimates, 2018 *VAW-IAWGED (United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data)*. 2021

9789240033832