Immediate Steps to Safeguard Progress for Every Woman, Child and Adolescent
Introduction

The COVID-19 pandemic represents an unprecedented threat to the health and well-being of women, children and adolescents worldwide.

The pandemic requires us to act quickly and strategically. COVID-19 and some responses to fighting the virus are jeopardizing hard-won gains made in women’s, children’s and adolescents’ health that have improved their ability to survive and thrive.

Protecting these gains requires putting women and children front and centre of all responses to the pandemic; however, this should only be the first step. Vulnerabilities, challenges and needs should also guide a wide range of health, social and economic policies and decisions that can advance overall well-being. Strong and consistent efforts to increase gender equality and create greater opportunities for women of all ages are as essential now in the COVID-19 era as they have ever been.

Several institutions and organizations have been raising the alarm since the pandemic became global. Similarly, the United Nations has prepared and released two major plans aimed at supporting countries and their people during and after the health crisis. The Global Humanitarian Response Plan COVID-19 is a coordinated appeal for funding to be focused on strategic priorities with specific objectives, many of which refer to the unique needs and lives of women and children. A separate but related report, the UN Framework for the immediate socio-economic response to COVID-19, is a comprehensive roadmap for social and economic recovery. The vital role of women to the success of this framework was signalled early on with the convening by the UN Deputy Secretary-General (DSG), Ms. Amina Mohammed, of ‘Women Rise for All’, a global advocacy effort among women leaders in support of this roadmap and a fully funded UN Response and Recovery Trust Fund to deliver it.

In collaboration with the DSG and the overall UN family, Mr. Antonio Guterres, the Secretary-General (SG), has played a prominent and prolific global role by launching a series of Policy Briefs and statements that lay out a vision for how the international community can deliver an effective, coordinated response to COVID-19 that leaves no one behind. The briefs cover a wide range of thematic areas, including mental health, human rights and socio-economic impact, as well as specific vulnerable populations, including women, children, and persons with disabilities. Moreover, in recognition that violence of all kinds prolongs and exacerbates health crises, the SG has issued high-profile appeals to “prevent violence everywhere, from war zones
to people’s homes” through an immediate global ceasefire and by making the prevention and redress of violence against women a key part of national responses to COVID-19. These appeals have been enormously popular, with more than 115 governments and 200 civil society organizations endorsing the ceasefire call to date, along with nearly 20 armed groups.

Statements by the heads of UNICEF, UNAIDS, UN Women, UNFPA, UNHCR and IOM, among others in the UN family, have focused on one or more of the issues covered in the SG’s policy briefs whilst simultaneously reinforcing his strong overarching message that women and girls must be targeted in all efforts to address the socio-economic impacts of COVID-19. Further afield, Oxfam, the Deliver for Good Campaign, and coalitions of influential and important not-for-profit organizations have also released open letters and reports in which they identify ongoing and potential threats to women, children and adolescents in the COVID-19 era and propose solutions for policy makers, advocates and donors.

Urgency underpins all of these policy briefs, statements, roadmaps and reports. Immediate action is needed to mitigate the pandemic’s negative consequences in every country and to put the world back on track to realize the Sustainable Development Goals (SDGs).

**The will to fight COVID-19 should be matched by the will to honour and respect commitments that can improve the lives of women and children and not widen the gap between SDG promise and reality.**

Every Woman Every Child’s (EWEC) High Level Roundtable on 28 May 2020 added to this discussion by identifying 14 actions to respond to the acute challenges resulting from the pandemic, including concerns about severe and longstanding negative consequences in areas such as sexual and reproductive health (SRH), education and physical and emotional security. Underpinning these actions is a call for deeper international cooperation during and beyond the COVID pandemic to ensure equal access to vaccines and technologies for all communities. There was also acknowledgement of a key role for Parliaments in bringing the political will to change budgets to prioritize the health of women and children. The actions below are suggested and influenced by the overall guidance from the SG and other stakeholders mentioned above. All actions will contribute to the EWEC Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030) in line with Agenda 2030 for Sustainable Development.
Urgent Actions Required to Safeguard Gains Made in Women and Children’s Health and Rights

Health systems

01 Ensure that all frontline health workers have safe environments

**Action** Commitee to the safety and security of frontline community health workers by ensuring that they have regular and consistent access to high-quality personal protective equipment (PPE), safe work environments, a safe place to stay, support to the care of their families and adequate financial support for the crucial and often dangerous work they undertake. Particular attention should be placed on reaching and supporting midwives and other skilled birth attendants, including provision of training on the correct and appropriate usage of PPE. This is a crucial part of overall efforts to ensure that all pregnant women have a clean, safe birthing environment.

**Why** An estimated 70 per cent of all health workers are women, with a greater proportion at community level in most countries. As a result, the extra and risky burdens on the health care sector from COVID-19 are experienced most prominently by women. At the same time, women around the world are often unable or unwilling to give birth in hospitals during the COVID-19 crisis, due to concerns about their own health, stigmatisation, or inadequate facilities to serve their needs. Midwives and other skilled birth attendants are picking up the slack in many places, and they both require and deserve equipment that can keep them and their clients safe.

02 Identify and respond to women’s and girl’s unique risks and needs

**Action** Apply gender-based analysis to all emergency preparedness and response plans, policies and interventions, including ongoing collection and analysis of sex- and age-disaggregated data. Bring the voices of women and girls into the design of COVID responses and ensure intergenerational dialogue to arrive at long-term solutions.

**Why** Although some evidence indicates that men are slightly more likely to experience severe health effects from the novel coronavirus, the COVID-19 pandemic and responses have extensive impacts on women’s health, well-being and lives more generally. In many contexts women experience greater vulnerabilities than men overall; recognizing and taking measures to minimize these broader risks is critical to supporting them more efficiently.
03 Ensure women have the hygiene tools they need

**Action** Prioritize and expand access to clean water and basic hygiene materials to communities lacking them, including displaced populations and people living in remote areas.

**Why** Basic sanitary measures such as hand washing with soap can help prevent the spread of the novel coronavirus. Yet hundreds of millions of people do not have regular access to these basic essentials. The health consequences are greater in many places for women and children because they are more likely to stay at home for social, cultural or economic reasons. Women are often further burdened by lack of access to clean water because in many places, it is their responsibility to find water sources for their families to use for cooking, cleaning, etc.

04 Investigate COVID-19 health impacts on children

**Action** Establish and adequately support a distinct, dedicated effort to focus on the health impacts of COVID-19 among children. This is vital to quickly identify emerging trends over the course of the pandemic and then design and implement helpful medical and social interventions. Targeted efforts are in turn vital for ensuring that all work on COVID-19 vaccines and therapies explore and prioritize paediatric formulations.

**Why** Data continue to show that children have been infected with COVID-19 at lower rates than adults, and do not generally become seriously ill. However, there are increasing reports from some countries of infected children developing a serious health condition called Multi-System Inflammatory Syndrome in Children (MIS-C). COVID-19 remains a poorly understood disease and its short and longer-term effects on children deserve more research.
Sexual and reproductive health and rights (SRHR)

05  Preserve family planning and sexual and reproductive health (SRH) resources

**Action**  (1) Maintain access to critical sexual and reproductive health care – including contraceptive services and maternal and newborn care – by defining it as an essential human right. (2) Set aside funds specifically for SRH, which will include materials such as menstrual hygiene products. These actions will allow people to continue to access family planning and other crucial SRH services without fear of legal consequences, even in areas under stay-at-home orders or with travel restrictions.

**Why**  Evidence from other crises, such as the Ebola emergency in West Africa in 2014, underscores the huge risks to women’s, children’s and adolescents’ health when attention and resources are diverted from crucial antenatal care and SRH services and materials such as contraceptives. Impacts include increased incidences in teenage pregnancies and maternal and neonatal deaths and conversely, declines in family planning visits.

06  Fully fund and bolster services fighting gender-based violence (GBV)

**Action**  Declare services to prevent and respond to gender-based violence (GBV) as essential services that must remain fully funded to meet demand and are accessible at all stages of COVID-19 responses. At a minimum, these services should include shelters, helplines, psychological support and online counselling.

**Why**  Domestic violence helplines and shelters across the world are reporting rising calls for help as lockdowns are introduced and maintained. UNFPA projects that for every three months that lockdowns continue, an additional 15 million additional cases of gender-based violence are expected worldwide. Dire predictions such as these underscore another projection from the agency that the pandemic is likely to cause a one-third reduction in progress towards ending GBV by 2030. Keeping women and children as safe as possible from abuse and violence should be a top priority of all aspects of any pandemic response.
07 Invest in antenatal and post-natal care and support

**Action** Ensure sustained access to antenatal care visits for all pregnant women as well as all relevant postnatal care services for new mothers and their babies. Digital and remote support options can play a vital role during restrictions associated with COVID-19, including in areas such as psychosocial support and mental health.

**Why** Access to quality, consistent antenatal and post-natal care services correlates closely with declines in maternal and newborn mortality rates. Years of progress, including gaining the trust of women and their communities, can be lost if services are limited and more mothers and children die from potentially preventable causes. The long-term consequences could be devastating at personal and public health levels.

08 Develop tools to ensure continued access to high-quality, comprehensive education for all

**Action** Ensure that all students, with particular attention on adolescent girls and those living in remote areas, can get access to all aspects of the highest quality education available in a country or local context. Where relevant – and based on what was typically provided before the COVID-19 crisis – this might include nutritious food and critical information and support about sexual health, which in some places is offered through initiatives termed as comprehensive sexuality education (CSE).

**Why** Schools are important resources for students because of the wide range of different educational and other services often provided that can help keep children and adolescents better fed, informed and supported overall. Losing access to these services can be devastating for girls in particular. One reason is that young people face increased risk of sexual violence and coercion during pandemics and economic crises. They need as much information and support as possible to increase positive decision-making and health-seeking behaviours when necessary.
Infectious disease interventions

09 Deliver non-COVID-19 vaccinations for infants, children

**Action** Sustain access to essential vaccines for infants, children and adolescents that can be delivered safely in the COVID-19 era. Awareness campaigns should highlight the importance of immunizations; how, when and where vaccinations can be given; and how to manage the COVID-19 health risks of mothers, family members or other caregivers who are with the children during immunizations. One important potential benefit of these new strategies and approaches is that they can create effective, viable channels for COVID-19 vaccinations once they are available. Supporting efforts towards a successful Gavi donor pledging conference in June 2020 is a vital initial step in all vaccination areas that can also help to build global solidarity.

**Why** Children’s and adolescents’ overall health is greatly endangered by lack of access to critical immunizations. Since COVID-19 became a global pandemic, polio vaccination campaigns have been suspended around the world and measles immunization campaigns have stopped in at least 23 countries. Access limitations also affect most other important vaccines that children are recommended to receive.

10 Test for infectious diseases in children

**Action** Ensure funding for screenings for the infectious diseases that children are most at risk for, including pneumonia and malaria. Testing procedures and protocols might need to be adapted. Provisions should be made for screenings for the novel coronavirus to be offered alongside such tests. Digital support options could be used to assess testing needs and support as part of an effort to minimize COVID-19 risks.

**Why** The lives of infants and young children, particularly under-5s, are especially precarious when they are exposed to common killers such as malaria, respiratory tract infections and diarrhoea. Effectively diagnosing and treating these and other threats relies heavily on the ability to get tested quickly and reliably. The urgency to continue delivering such services during health crises such as COVID-19 can be seen in evidence from the Ebola epidemic in 2014. For example, in Guinea, one of the countries hardest hit, both the incidence of malaria cases and deaths among children and infants were up sharply during the Ebola crisis; lack of diagnosis being an overwhelming factor.
Ensure food security for all, including the newly vulnerable in the COVID era

**Action**
(1) Ensure food security and nutrition interventions are integrated as essential components of COVID-19 responses, at national, regional and local levels, by guaranteeing that adjusted or expanded social protection programmes sustain access to nutritious food.
(2) Nutritional support packages should be adapted and expanded, including supplements, through approaches such as home deliveries for women, children and adolescents who have experienced increased food insecurity.

**Why**
Restrictions on economic activity have disrupted food production and supply chains while also throwing millions of people into poverty. Action is needed to ensure that this health crisis does not cause a malnutrition crisis. The scope of the problem is illustrated by the fact that 310 million schoolchildren – nearly half of the world’s total – rely on school meals as a regular source of daily nutrition. Protecting the poor and most vulnerable from hunger and malnutrition will be necessary for COVID-19 response efforts to succeed.
Economic empowerment

12 Support equitable access to financial-support options

**Action**  Commit to equal access for women and lower-income families to measures to protect and stimulate the economy, including digital cash transfer and voucher programs, credits and loans. Where possible, this effort should include initiatives designed and targeted specifically for vulnerable women, including those who are solely responsible for their households, which includes access to insurance as part of social protection schemes. Undocumented women and children should have access to all such social protection schemes if they are to be truly universal and have the fullest effect possible on women’s and children’s well-being.

**Why**  Women are less likely to be employed in the formal economy or to have other options for earning money needed for the basic survival of them and their families. They are therefore more likely to miss out on economic-empowerment initiatives – including those specifically introduced in response to COVID-19 – because they are not eligible, do not
Rights and well-being of the most vulnerable children

13 Protect children with disabilities

**Action** Create and sustain high-quality initiatives to support children with physical and intellectual disabilities, and their families. Focus areas should include identifying, caring for and supporting children whose parents or other caregivers are directly affected by COVID-19 as a result of illness, death, or are regularly in high-risk situations (e.g., frontline health workers).

**Why** The UN Secretary-General is one of many leading figures highlighting the fact that the COVID-19 pandemic is intensifying inequalities experienced by the world’s one billion people with disabilities. Many are unable to care for themselves in ways that can protect them from the virus, such as by wearing facial covering, maintaining recommended personal hygiene standards, or practicing social distancing. These challenges and risks are heightened among children with disabilities due to their age and reliance on regular care and support.

14 Guarantee that women, children and adolescents receiving humanitarian assistance do not lose access to services

**Action** Ensure that confinement measures in response to COVID-19 do not curtail the delivery of the humanitarian assistance and SRHR services on which millions of women, children and adolescents affected by conflict – including migrants and forcibly displaced persons – rely for their survival. Fund and support women-focused CSOs leading recovery efforts in humanitarian settings, so that it is clear that women are also leading the response, not only recipients of assistance.

**Why** As observed by the IOM director-general, “When migrants and displaced communities are excluded from national response plans and services, particularly health care, everyone is at greater risk.” Urgent efforts are needed among governments and partners to identify ways to include migrants, regardless of their legal status, returnees and forcibly displaced persons in national, regional and local preparedness, response and recovery efforts. The number of people in need is significant already: for example, more than 400 million children worldwide are estimated to be affected by conflict, including some 30 million boys and girls who have left their homes. The impact on overall health and well-being of failing to protect and support them would be massive and far-reaching, potentially further destabilizing societies seeking to respond effectively to the pandemic.