



ISSOP

INTERNATIONAL SOCIETY for
SOCIAL PEDIATRICS and CHILD HEALTH

Declaración

Avanzando en la Equidad en Salud y la Justicia Social en Respuesta al COVID-19

Mayo 2020

En colaboración con organizaciones nacionales e internacionales de defensa de la salud infantil.

La pandemia de COVID-19 es una crisis mundial que afecta los derechos de niños, niñas y adolescentes. Las respuestas gubernamentales y las consecuencias indirectas de la misma amenazan con exacerbar grandes desigualdades en el acceso al derecho a la salud. Los desafíos mundiales resultantes de la pandemia se relacionan con mayor pobreza, subempleo, violencia, inseguridad alimentaria, inestabilidad de la vivienda, analfabetismo, disminución del acceso a la educación y a programas de desarrollo infantil, atención en salud física y mental, protección infantil y otros servicios críticos.

Considerando que la pandemia ha provocado interrupciones de múltiples programas, disminuyendo el acceso a la nutrición, cuidado infantil, educación, programas de apoyo comunitario y otros servicios esenciales, es de vital importancia que los gobiernos, las asociaciones profesionales, los servicios de salud, los profesionales, los niños, niñas y adolescentes y las familias trabajen junto con las comunidades en mitigar el impacto de esta.

Con el objetivo de proteger los derechos de los NNA solicitamos a

Gobiernos: Priorizar recursos para la atención y protección de niños, niñas y adolescentes; establecer mecanismos para una colaboración intersectorial; fortalecer las respuestas de protección social y económica; prevenir la escasez de alimentos y el hambre; y apoyar los programas de alimentos y la producción local de alimentos.

Pediatras: Abordar las necesidades en salud física, mental y social insatisfechas con acceso a servicios apropiados; documentar los incrementos en la violencia hacia NNA; garantizar que tengan apoyo familiar o de una figura vincular (incluso durante las hospitalizaciones); entregar información precisa a los NNA y familias y promover su participación activa en el cuidado de su salud; así como movilizarse a través de sus organizaciones nacionales e internacionales en defensa de los derechos de NNA.

Formuladores de política: Emplear la prudencia en la toma de decisiones con respecto a los NNA; implementar evaluaciones y garantizar la mejoría continua de la calidad de programas, sistemas y políticas que integren las perspectivas de derechos del niño, justicia social y equidad en salud; asegurar todos los NNA se beneficien de los resultados de la investigación y tengan acceso a vacunas y opciones de tratamiento para COVID-19.

Para responder la actual situación de crisis que afecta a los NNA, prevenir crisis futuras y garantizar mejor salud para las próximas generaciones es necesario un “Plan de acción integral para niños, niñas y adolescentes” que, desde la perspectiva de los derechos, incluya el trabajo de los pediatras y de los otros integrantes del equipo de salud materno-infantojuvenil e involucre a las sociedades científicas, promoviendo el desarrollo de sistemas y políticas sustentables (https://www.issop.org/cmdownloads/issop_covid-declaration/)



Declaration
**Advancing Health Equity and Social Justice
in Response to COVID-19**
May 2020

In collaboration with national and international child health and advocacy organizations

No discipline bears witness to the impact of child rights violations, health inequities and disruption of social justice on child health and well-being as much as paediatricians, child health and mental health providers.

The COVID-19 pandemic is a global child rights crisis that will impact CHILDREN AND YOUTH for years to come. Although they are generally at lower risk of morbidity and mortality from infection than adults, governmental responses and indirect consequences threaten to exacerbate and create gross inequities and inequalities in their health and well-being. The pandemic thus poses substantial risk to their right to optimal survival, development, health, and health care, as well as other civil-political, social, economic, and cultural rights articulated in the UN Convention on the Rights of the Child.

CHILDREN AND YOUTH from low and middle income countries (LMIC), especially those in South Asia and Africa, are at increased risk from the pandemic. Global challenges resulting from the pandemic relate to poverty, underemployment, violence, food insecurity, housing instability, illiteracy and decreased access to education, early childhood development, child protection, health, and other critical services. These challenges, albeit on a smaller scale, also impact high income countries, in particular, CHILDREN AND YOUTH marginalised by social determinants and chronic medical and mental health conditions.

Inequities are widening globally in the shadow of the COVID-19 pandemic. It is critically important that governments, professional bodies, health services, professionals, and children, youth and families work together with communities to mitigate the impact of COVID-19—while simultaneously responding to the social and ecological root causes of interdependent planetary crises, such as climate change and unfettered globalization, that contribute to pandemics. We must learn from the pandemic to advance a future in which the health, development and well-being of CHILDREN AND YOUTH are prioritised globally and locally, and to ensure that we are prepared for future global crises.

Toward these ends:

Whereas, CHILDREN AND YOUTH are at significant risk for child rights violations, particularly those living in poverty; with chronic medical and/or mental health conditions; in public care; at increased risk for violence; and those who are refugees, immigrants, internally displaced

or on the move; members of Aboriginal/First Nations/Indigenous/Tribal nations; working; illiterate; living in urban slums, on the streets or in rural and marginalized communities; and

Whereas, CHILDREN AND YOUTH belonging to families living in extreme poverty are disproportionately impacted by the pandemic and may face adverse long term impacts due to exacerbations in hunger, malnutrition and pre-existing morbidities; unregulated labour, child abuse, sexual exploitation, trafficking, and gender-based violence (including forced early child marriage); over-crowded living conditions; reduced supervision due to caregivers' seeking work; interrupted early learning, schooling, recreation, social activities; special education programs; and illness and death; and

Whereas, CHILDREN AND YOUTH are at risk for increased violence and neglect, particularly those in public care, due to reduced observation and protection by teachers, doctors, and other community supports; restricted visitations from family and caseworkers; delays in the justice system; reduced responsiveness; and poor resourcing of child protection systems especially in LMIC; and

Whereas, the COVID-19 pandemic is associated with multi-system disruptions that decrease access to nutrition, childcare, education, community support programs and other essential services; as well as community based programs, outreach services, primary healthcare, growth monitoring, developmental screening and surveillance, routine immunisations, mother-infant care, and early intervention—that will impact children's health and development throughout their life course; and

Whereas, migrant, refugee, asylum seeking, and internally displaced CHILDREN AND YOUTH are at risk of deportation or relocation, reduced access to government sponsored financial and other supports, and reduced processing of asylum claims; and

Whereas, CHILDREN AND YOUTH with disabilities, particularly those living in adverse socio-economic circumstances, face additional challenges in receiving accurate information about COVID-19; accessing protective factors within their communities, including therapy and adequate educational opportunities through distance learning; and being accommodated safely in residential and quarantining facilities; and

Whereas, all CHILDREN AND YOUTH are vulnerable to the impact of COVID-19 due to ongoing inequalities, patterns of deprivation and social exclusion, First Nations/Indigenous /Migrant/Tribal and other specific populations of CHILDREN AND YOUTH may face particular challenges due to limited access to extended family, cultural connections, and community; and exacerbation of pre-existing mental health and suicide burdens; and

Whereas, CHILDREN AND YOUTH in residential care, juvenile or immigration detention and group homes are living in close quarters where physical distancing is not possible and access to COVID-19 testing and appropriate healthcare may be limited; and

Whereas, CHILDREN AND YOUTH and their families may be hesitant to access healthcare for illnesses due to fears of contracting COVID-19 in health care settings and health system disruptions, particularly in LMIC where systems are already stretched; and

Whereas, children in LMIC may not benefit from research findings and immunisation and treatment options due to local constraints in affordability, resource distribution, and workforce.

Therefore be it resolved that governments in all countries and global organisations use this opportunity to adopt a Child Rights Based Approach (CRBA) to respond to the COVID-19 pandemic, and to advance a future in which the health, development and well-being of CHILDREN AND YOUTH are prioritised with explicit strategies to reduce health inequities and advance social justice, such that:

- The right of all CHILDREN AND YOUTH to optimal health and health care is fulfilled (Article 24); and
- All CHILDREN AND YOUTH, without discrimination, are provided equitable access to resources and services required to sustain their optimal survival and development (Articles 2, 6, 22, 23); and
- All decisions and policies generated by public, private and academic sector agencies, organizations, and institutions consider the best interests of CHILDREN AND YOUTH (Article 3); and
- All CHILDREN AND YOUTH have a voice and the right to participate in decisions that affect them in all domains and strata of society (Article 12); and
- All CHILDREN AND YOUTH have access to information required to have an informed voice and make informed decisions with respect to their health and well-being and exercise of responsible citizenship (Article 17).

Therefore be it further resolved, that to mitigate the medical, social, economic, political, cultural and environmental impact of COVID-19 on CHILDREN AND YOUTH, prevent this impact in future pandemics and other crises, and learn from the crisis to advance rights, equity and social justice now and into the future, then:

Governments

Agencies at the local, regional, national, and global levels must prioritise CHILDREN AND YOUTH and ensure their needs are specifically addressed by the pandemic response. As such, they should:

- *Prioritize* directing resources to the care and protection of CHILDREN AND YOUTH and resist the redistribution of pediatric resources to adult services and care.
- *Incorporate* the voices of families and CHILDREN AND YOUTH into all decisions, actions and considerations that involve them.
- *Establish* mechanisms for coordinated intersectoral collaboration and responsive health systems that focus on addressing equity through enhanced support of our most vulnerable children.
- *Ensure* global availability of testing kits, medical equipment, pharmaceuticals, PPE, etc.
- *Strengthen* social and economic protection responses that are critical to children's health and well-being.
 - *Prevent* food scarcity and hunger, and support food programs and local food production.
 - *Support* responsive parenting and early childhood education especially for vulnerable populations.

- *Stabilize* housing and provide access to food, water, sanitation, and the capacity to maintain physical distancing.
- *Expand* family-friendly employment policies to create and protect employment and inject resources into the economy.
- *Establish* cash transfer programmes or other strategies, including financial counselling support and universal basic minimum wage, as economic strategies to support families.
- *Control* unregulated child labour, sexual exploitation, child trafficking and early marriage.
- *Ensure* marginalised groups such as migrants, asylum seekers and casual workers are eligible for services and benefits.
- *Ensure* that health, education, early intervention, welfare and intervention services for children and families are deemed “essential” services and are not disrupted during the pandemic and families are supported to access these resources.
- *Develop* pro-active child protection agencies and develop strategies to keep CHILDREN AND YOUTH safe.
- *Ensure* CHILDREN AND YOUTH in the child protection/foster care/detention systems have opportunities to communicate with their families.
- *Work to sustain* the reductions in air pollution that occurred during the COVID-19 pandemic.
- *Provide* child and youth friendly, culturally appropriate, accessible, evidence-based, and developmentally appropriate information and resources to youth in multiple formats.

Paediatricians and child physical and mental health providers

Medical and mental health providers have an important role to play in developing comprehensive, equitable, and transdisciplinary health care approaches that both preserve maternal and child health services and address the effects of the pandemic, including access to and affordability of health services. As such, they should:

- *Establish* systems of health care that serve the special health needs of CHILDREN AND YOUTH, including those with chronic health and mental health conditions, in a manner that consistently affirms their dignity and rights.
- *Promote* prevention, early intervention, and treatment programs (including neurodevelopmental and early intervention services) with prioritization of the most marginalised CHILDREN AND YOUTH and develop mechanisms to enhance their access to essential services.
- *Increase* COVID-19 testing for early detection and develop feasible isolation strategies, with accessible services and mechanisms to prevent discrimination for those who are COVID-19 positive.
- *Develop* a vocabulary that decreases stigma and provides culturally and developmentally appropriate, accessible, and evidence-based information, resources, and interventions.
- *Develop* new pathways, contingency plans, telehealth, and other technologies to continue to deliver services under crisis conditions.
- *Maintain* eyes on the child and deliver essential clinical and support services face-to-face where required.
- *Address* unmet social needs such as food insecurity, poverty, and housing instability through ‘social prescribing’ measures by linking with NGO and government supports.

- *Provide guidance* to parents on how to talk to CHILDREN AND YOUTH about the pandemic and support their mental health whilst managing their own mental health.
- *Provide access* to interpreters and culturally respectful care.
- *Respond* to and document increases in all aspects of violence toward children.
- *Identify and respond* to the special needs and rights of CHILDREN AND YOUTH with disabilities.
- *Structure* health services using a “two generation” approach, where maternal health and mental health issues, including reproductive health, are addressed in concert with those of their children.
- *Ensure* CHILDREN AND YOUTH infected with COVID-19 have sustained access to and support of family/caregivers (including during hospitalization), accurate information, and required health care services.
- *Ensure* children whose parents are infected have access to psychosocial support, information, alternative care arrangements, and support to deal with grief and loss.

Policy-makers and researchers

Paediatricians and child health and mental health providers should employ evidence-based policies, protocols and practices for program development, implementation, and evaluation.

As such, they should:

- *Consider* all policies through a child rights and equity lens.
- *Conduct* collaborative research with children and young people on their perspectives.
- *Use* clear scientific evidence and high-quality data to guide decision-making regarding children and young people.
- *Ensure* that children in LMIC benefit from research findings and access to vaccines and treatment options for COVID-19 by addressing local constraints in affordability, resource distribution, and workforce availability.
- *Use* prudence in decision-making regarding CHILDREN AND YOUTH, especially when potential adverse effects of these decisions are known and there is no clear scientific evidence of their benefits.
- *Implement* ongoing evaluation and continuous quality improvements in programs, systems and policies that integrate the metrics of child rights, social justice, and health equity.
- *Collaborate* globally to discover and disseminate knowledge and evidence to ameliorate the impact of the pandemic on CHILDREN AND YOUTH.

Advocacy

Paediatric, child health and other professional organizations should be fully engaged in advocating for the needs and rights of all CHILDREN AND YOUTH at local, national, and international levels. As such, they should:

- *Ensure* that the voice of the child is present at the forefront of all work, and their best interests are considered in all decisions that affect them and systems that serve them.
- *Advocate* for the needs and rights of CHILDREN AND YOUTH including humane living conditions, food security, access to health care, safety, and nurturing care.
- *Advocate* for welfare, employment and child protective services that support children and families.

- *Focus* on advancing child rights, social justice, and health equity, with clearly delineated goals and objectives.
- *Collaborate* as key partners with the UN Children’s Fund (UNICEF), World Health Organization (WHO), UN High Commissioner for Refugees (UNHCR), International Organization for Migration (IOM), Office of the High Commissioner for Human Rights (OHCHR), and other public, non-governmental and private sector regional, national and international organizations.
- *Mobilize* through regional, national, and international paediatrics and civil society organizations to ensure CHILDREN AND YOUTH participate and are considered in all aspects of the response to the pandemic.
- *Encourage* governments to maintain the reduced carbon emissions that occurred during the COVID-19 pandemic.

A comprehensive “Action Plan for Children and Youth” that addresses the global work of paediatricians, other child health providers and professional organizations in clinical care, systems development and the generation of policy will be increasingly important to respond to the current and future crises impacting CHILDREN AND YOUTH.