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## COVID-19 and Children's Rights

Children who contract COVID-19 appear to have less severe symptoms and lower mortality rates than other age groups. But in myriad other ways, the COVID-19 crisis is having a devastating effect on children, with potentially far-reaching and long-term negative impacts. More than 1.5 billion students are out of school, and widespread job and income loss and economic insecurity are likely to increase rates of child labor, sexual exploitation, teenage pregnancy, and child marriage. Stresses on families, particularly those living under quarantines, lockdowns and other restrictions on freedom of movement, may increase the incidence of violence in the home. As the global death toll from COVID-19 increases, large numbers of children will be orphaned and vulnerable to exploitation and abuse.



A child washing hands with anti-bacterial soap as a preventive measure against COVID-19, at Sadarghat Launch Terminal, in Dhaka, Bangladesh, on March 27, 2020.

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This report outlines key human rights risks to children related to the COVID-19 crisis, and steps that governments should take to protect children's rights in the pandemic, mitigate its devastating effects, and benefit children after the crisis is over.

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### Education

According to UNESCO, more than 1.5 billion students in 188 countries were out of school due to COVID-19 on April 8, representing over 91 percent of the world's student population. The crisis has exposed vast disparities in countries' emergency preparedness, internet access for children, and availability of learning materials. For many children, the COVID-19 crisis will mean limited or no education, or falling further behind their peers. Children affected by school closures also miss the sense of stability and normalcy that schools provide.

School closures may disproportionately affect children who already experience barriers accessing education, or who are at higher risk of being excluded for a variety of reasons. These include children with disabilities, students in remote locations, asylum seekers and refugees, and those whose families have lost income as a result of job cuts or precarious employment or are otherwise in a difficult situation.

Many children from poor communities depend on schools for meals and key health services and information. Nearly half of the world's schoolchildren, some 310 million, have relied on their school for a daily meal, including 100 million children in India, 48 million in Brazil, and 9 million each in Nigeria and South Africa.

UNESCO has recommended that countries "adopt a variety of hi-tech, low-tech and no tech solutions to assure the continuity of learning." Although much focus has turned to online learning platforms, many public schools are not set up to use them or don't have the technology and equipment to run online teaching. Nearly half of the world has no access to the internet. In the United States, for example, one in five school-aged children don't have access to a computer or high-speed internet at home. In China, some students have reportedly hiked for hours in search of a cell signal to listen to online classes on mountaintops.

Without exception, education policies focused on online learning in the wake of COVID-19 have highlighted longstanding inequities. Children living in the most disconnected places in the world also face the least dependable and slowest internet at the least affordable prices – if they are connected at all. Children living in countries that have imposed internet shutdowns in some regions – including Bangladesh, India, and Myanmar – have no hope of accessing online learning.

The rush to access online learning also highlights data privacy considerations for children. Children's education data is far less protected than health data. Many countries have regulations that govern the appropriate uses and disclosures of personally identifiable health data, even during emergencies. But while children's school data may be just as sensitive – revealing names, home addresses, behaviors, and other highly personal details that can harm children and families when misused – most countries don't have data privacy laws that protect children. This means that governments will struggle to hold providers of internet education technologies – EdTech – accountable for how they handle children's data.

Lists of suggested EdTech published by UNESCO and the Italian government, among others, illustrate these concerns. Some of these products have drawn criticism over how they collect, share, and store vast amounts of data on children, enable intrusive surveillance, or allegedly collect information on children without parental consent. No solution will be perfect, but the EdTech adopted now – and the data they collect – may long outlast today's crisis.

Once the pandemic eases and governments are able to reopen schools, special measures will be needed to ensure that children, particularly adolescent girls who are most at risk of child marriage, and those at risk of child labor, come back to school. Financial support for school fees (which should be eliminated in public primary and secondary education), transportation, or other related school expenses may be needed for children whose families suffered economic hardship due to the COVID-19 crisis and wouldn't be able to return to school otherwise. Governments should also enact measures to ensure inclusion of children with disabilities, who face barriers to accessing quality inclusive education even in normal circumstances and who, when they do enroll, often drop out before completing school.

#### *Recommendations:*

- Governments should prioritize efforts to continue education for all children during and after temporary school closures, and make it accessible to all, using all available technology, including radio and television broadcasts, telephones,

computers, secure text messaging apps, or other means, including printed materials. These efforts should include adapted, accessible material and communication strategies for children with different disabilities.

- In cases where schools and teachers have very limited resources, governments should consider providing targeted funding to teachers and school officials in under-resourced areas so that they can contact their students, print materials for all, and distribute learning materials in more remote or rural areas. In many areas, teachers often already fund teaching materials out of pocket.
- Governments should focus on mitigating the disproportionate effects on children and youth who already experience barriers accessing education, or who are at higher risk of being excluded, including children with disabilities, asylum seekers and refugees, students in remote locations, and children from poor or otherwise vulnerable communities.
- Governments should track, using gender-disaggregated data, the numbers of children affected by school closures and similarly track the number and gender of children returning when schools reopen, and should develop strategies to prevent gender and other disparities in the number of children returning to school.
- Governments should take all possible measures to provide the fastest and broadest possible internet service for all children to ensure their right to education. They should take steps to mitigate disproportionate hardships for poor and marginalized populations, including finding ways to provide discounted and free access to services and computers.
- Governments should immediately end internet shutdowns.
- Governments should adopt mitigation strategies to address the impacts of school closures on children’s learning, for example by working with teachers, school officials, and teachers’ unions and associations to factor in plans to recover teaching or contact hours lost, adjusting school calendars and exam schedules, and ensuring fair compensation for teachers and school personnel who are working additional hours.
- Governments should prepare for immediate steps to get children back in school once the crisis ends, including individual follow-up with children who don’t show up for classes; ensure access to free primary education, and make secondary education accessible and, we believe, free; provide vouchers or financial support to offset school-related expenses for children whose families suffered economic hardship and wouldn’t be able to return to school otherwise.
- Governments should perform due diligence to ensure that any EdTech that they select and promote protects children’s privacy rights.
- Governments and schools should include data privacy clauses in any contracts they sign with EdTech providers, in order to protect the data collected on children during this time from misuse.
- Over the longer term, governments should institute data protection laws for children.

## Violence at Home

Even when countries are not in crisis, children are at greatest risk of violence in their own home. According to the United Nations Children’s Fund (UNICEF), three-quarters of young children (ages 2-4) experience either psychological aggression or physical punishment, or both, by their caregivers at home. Exposure to violence, especially at an early age, can impair children’s brain development and is linked to lower educational achievement, and higher rates of anxiety, depression, substance abuse, and suicide.

Added family stresses related to the COVID-19 crisis – including job loss, isolation, excessive confinement, and anxieties over health and finances – heighten the risk of violence in the home, including both violence between partners and by caregivers against children. School closures due to the virus may increase the number of cases of child abuse that go unreported, as teachers are often best positioned to identify children who may be experiencing violence in the home and seek appropriate intervention. In some countries, such as Germany, and the United States, child protection services may be operating at a reduced level or cutting back on home visits, so that children at risk are monitored even less frequently than before the pandemic.

The UN Secretary-General has reported a “horrifying” global surge in domestic-based violence linked to COVID-19. In some countries, calls to helplines have reportedly doubled. In France, government authorities reported that in one week, domestic violence increased by over 30 percent in areas under movement restrictions. In China, media also reported a surge of domestic

violence under COVID-19 quarantine. In Tunisia, in the first five days after people were ordered to stay in, calls to a hotline for women suffering abuse increased fivefold. One Texas hospital reported treating six children under the age of 4 who had been severely physically abused during the course of one week. Doctors believed the assaults were linked to stress from the coronavirus. Lesbian, gay, bisexual and transgender (LGBT) youth forced to shelter at home with family members may face emotional or physical abuse.

Children may also face neglect when parents are unable to take leave from work, change their work schedule, or arrange alternative care for children who are at home due to school closures.

The UN Special Rapporteur on violence against women has urged states to take urgent measures to address domestic violence against women and children in the context of COVID-19, warning that, “For too many women and children, home can be a place of fear and abuse. That situation worsens considerably in cases of isolation such as the lockdowns imposed during the COVID-19 pandemic.”

#### *Recommendations:*

- Governments should seek to expand services for at-risk households, including home visitation services by professional nurses and social workers to families where children are at elevated risk of violence; hygiene and physical distancing practices should be maintained during visits.
- Governments should ensure communications to children and parents or guardians from schools also include information about how and where to seek support services for extreme stress or psycho-social support and other prevention mechanisms to reduce the risk of violence.
- Government public awareness campaigns about COVID-19 should include information on how people who feel unsafe in their homes can seek help, including support for having an abuser excluded from the home or being placed in alternate housing.
- Governments should ensure that domestic violence services are not interrupted by COVID-19, should expand those services where necessary to meet the level of need, and should ensure that services are available to everyone including children and adults who are under quarantine or are infected with COVID-19.
- Governments should expand public education and awareness campaigns on domestic violence and child abuse, including prevention, ways to identify warning signs of potential violence at home, how to access services, and how a neighbor or friend can assist someone experiencing abuse.
- Governments should publicize hotlines and other services available to survivors of violence, including those living in areas under movement restrictions, under quarantine, or those infected with COVID-19.
- Governments should increase information sharing on referral and other support services available for children.

## **Loss of Parents and Caregivers**

As of April 8, the number of global deaths due to COVID-19 had topped 88,000. Experts estimate that the global total could eventually reach 10 to 40 million in 2020. As the death toll continues to rise, increasing numbers of children will be left without one or both parents or other caregivers. During the 2014-2015 Ebola epidemic in West Africa, UNICEF reported that Guinea, Liberia, and Sierra Leone collectively recorded 11,310 deaths, resulting in over 22,000 children losing one or both parents to the Ebola epidemic. Although fatality rates from COVID-19 are highest for the elderly, the scale of the pandemic will certainly orphan a large number of children. Children may also be left without care if their parents are hospitalized due to COVID-19.

Orphaned children are particularly vulnerable to trafficking and other forms of exploitation, including sexual exploitation, forced begging, street selling, and other forms of child labor. During the Ebola crisis in West Africa, many orphaned children were shunned due to stigma associated with the disease, or fears that the child might be infected. Older children often dropped out of school to try to support younger siblings.

Children without permanent homes, who live or work on the streets and in other public spaces, may be unable to comply with public health orders mandating self-isolation, quarantines, or curfews. In Senegal, an estimated 100,000 Talibe children – Quranic students often forced to beg on the streets – are experiencing increased hunger as donations become scarce. Shelters for children and homeless families may quickly become overcrowded, making physical distancing impossible. Such children also frequently lack continuous access to safe water and hygiene facilities such as soap and water to comply with the recommendations put forward by public health authorities on reducing the spread of the disease. Studies in various locations have shown that LGBT youth make up a large portion of the homeless population.

Previous public health crises resulting in large numbers of orphans, such as the global HIV epidemic, resulted in an expansion of orphanages and other residential institutions, often funded by religious groups and private individuals. However, studies have documented a range of harms to children in institutional care, including deficits in physical growth, cognitive function, neurodevelopment, and social-psychological health. The UN Committee on the Rights of the Child has found residential institutions linked to lower educational attainment, dependency on social welfare and higher risk of homelessness, imprisonment, unwanted pregnancy, early parenthood, substance misuse, self-harm and suicide. In lieu of institutions, UN Guidelines encourage family-based care whenever possible, including extended family (kinship) care, foster care, or other forms of family-based or family-like care.

#### *Recommendations:*

- Governments should implement family tracing systems to identify extended family members who might care for children who have lost their parents or guardians to COVID-19.
- Governments should avoid institutionalizing children without caregivers, giving priority to family-based care, including extended family (kinship) care.
- Governments should strengthen and support a network of trained foster carers/foster families to provide alternative care for separated and unaccompanied children, including a network of emergency carers who are ready to accept children on short notice for limited periods of time.
- Governments should take urgent steps to provide psychosocial care, food and material assistance to children orphaned or left unaccompanied due to COVID-19.
- Governments should ensure an adequate number of social workers to identify the specific needs of orphaned and unaccompanied children, provide assistance, and closely monitor foster and other alternative care placements for potential abuse or exploitation.
- Governments should ensure care for children left alone without adequate care due to the hospitalization or death of a parent or caregiver.

## **Poverty, Child Labor, and Child Marriage**

Children are more than twice as likely to live in poverty as adults. Globally, about one in three children – roughly 663 million – live in households that are “multidimensionally poor,” meaning they lack necessities as basic as nutrition or clean water. An estimated 385 million children live in extreme poverty. Even prior to the COVID-19 crisis, the poorest children were twice as likely to die in childhood than their wealthier peers. Low income is associated with higher rates of chronic health conditions, some of which may increase risk of severe illness from COVID-19. Low-income communities are more likely to be exposed to the virus, have higher mortality rates, suffer economically, and receive lower-quality health care.

The pandemic and its accompanying economic crisis, including massive global job losses, will put poor children at even greater risk and greatly exacerbate existing inequalities. In China, an estimated 5 million workers lost their jobs during the first two months of 2020. In the United States, approximately 10 million people filed for unemployment benefits over the two weeks ending March 28, and some economists estimate that as many as 47 million US jobs could be lost by mid-2020.

Poor families are most likely to work in precarious employment, without access to paid sick leave or job security. An estimated 61 percent of the world’s workers – 2 billion people – are informally employed, without labor, social, and health protections.

For example, the pandemic has had a devastating impact on global garment supply chains, where the majority of workers are women. Thousands of factories in producing countries in Asia have shut down partially or completely, in part because scores of global brands and retailers are canceling orders without taking measures to minimize the devastating economic consequences for workers. As a result, millions of factory workers have been sent home, often without legally mandated pay or severance in Cambodia, Bangladesh, Myanmar, Pakistan, and other countries.

The global economic downturn caused by the COVID-19 crisis will likely increase rates of child labor and child marriage. Globally, an estimated 152 million children were already engaged in child labor before the COVID-19 pandemic, with 73 million engaged in hazardous work. Research has shown that child labor is highly associated with financial shocks experienced by a family, such as illness, disability, or a parent's loss of employment. Many families do not have the credit or savings to withstand financial setbacks, including income loss, and without adequate governmental support, their children may be at higher risk of entering the workforce to help their families survive.

Each year, 12 million girls are married before their 18<sup>th</sup> birthday. Like child labor, child marriage is often driven by financial stress. Families facing economic hardships such as job loss may feel they have no choice but to marry daughters off as soon as possible to reduce the number of people in the household to feed. Some may believe their daughter may be better off with a family with greater financial resources or stability. Dowry and bride price practices sometimes mean that families in financial crisis have a monetary incentive for arranging a marriage. Widespread school closures may also increase risks of child marriage, as research shows that leaving education is highly correlated with girls being married off. For example, the World Bank has found that in some countries, every additional year of secondary school may reduced the likelihood of marrying before age 18 by five percentage points or more.

Child marriage is associated with many harmful consequences, including maternal and infant mortality associated with early and closely spaced pregnancies, lower educational achievement for girls who marry earlier, a higher incidence of domestic violence, and an increased likelihood of the bride and her family living in poverty. While the vast majority of married children are girls, boys can also face this abuse.

#### *Recommendations:*

- Governments should target economic assistance, including cash transfers, to the low-income communities that will be hit first and hardest, to help poor and other vulnerable families to meet their basic needs without resorting to child labor or child marriage.
- Governments should guarantee the right of every child to an adequate standard of living in accordance with international human rights law.
- Governments should urgently expand food-distribution programs for vulnerable families, including by distributing free lunches from schools, even if they aren't holding classes.
- Governments should expand and strengthen child benefits and disability and social security benefits in the event of unemployment, sickness, or other lack of livelihood in circumstances beyond individuals' control.
- Governments should suspend cut-offs to utilities, most especially to water and wastewater services, for failure to pay and reconnect households previously disconnected in order to uphold the right of access to water.
- Governments should enforce child labor laws and laws against child marriage.
- Governments should engage in public awareness campaigns about the harms associated with child marriage.
- Governments should increase information sharing on referral and other support services available for children at risk of exploitation, including child labor and child marriage.

## **Sexual Exploitation, including Online**

Economic hardships, school closures, and loss of parental care as a result of COVID-19 increase children's risk of sexual exploitation. In West Africa, for example, the 2014-2015 Ebola epidemic was linked to spikes in sexual abuse and teenage

pregnancy. One [survey](#) found that vulnerable girls, including those who lost relatives to Ebola, turned to transactional sex to pay for food and other basic needs. Without adequate access to contraception and safe abortion, this serious form of child exploitation contributed to a teenage pregnancy rate that increased by [65 percent](#) in many Ebola-affected areas over the course of the outbreak.

The COVID-19 crisis is also resulting in an increase in online child sexual exploitation. According to the UK-based [National Society for the Prevention of Cruelty to Children](#), the impact of the COVID-19 lockdown has “brewed a perfect storm” for offenders to abuse children. As schools have shut down, children are spending more time online, and may be anxious or lonely because of isolation and confinement. As tech companies reduce their number of in-office human moderators and temporarily shift to automated content moderation, platforms like [Facebook](#), [Twitter](#) and [YouTube](#) have [warned](#) that the shift may lead to more mistakes and longer response times to review potentially harmful content, giving offenders an even greater opportunity to target children.

In 2019, [69 million online photos and videos of child sexual abuse](#) were reported in the US alone. [Europol](#) has reported that as a result of COVID-19, law enforcement partners are reporting “increased online activity by those seeking child abuse material.” For example, the agency cites postings in dedicated forums and boards by offenders “welcoming opportunities” to engage with children whom they expect to be more vulnerable due to isolation, less supervision and greater online exposure. The US [Federal Bureau of Investigation](#) (FBI) has also warned that children’s increased online presence as a result of COVID-19 school closings could put them at an inadvertent risk.

#### *Recommendations:*

- Governments should provide training to health, education, and child services staff on COVID-19 related child protection risks, including on the prevention of sexual exploitation and abuse and how to safely report concerns.
- Governments should conduct public education campaigns regarding the risks of online sexual exploitation of children, and increase information sharing on referral and other support services available for children at risk of exploitation.
- Governments should ensure that hotlines or other mechanisms to report online and other sexual exploitation are available and publicized.
- Governments should support public campaigns urging parents to discuss internet safety with children of all ages, review and approve games and apps before they are downloaded, set online privacy settings to the strictest level possible, and monitor children’s use of the internet, including the child’s profile and what they post online.
- Tech companies should adopt consistent, standardized approaches and investments in detecting, preventing and responding to child sexual abuse material and exploitation.
- Governments should ensure that adequate resources are directed towards enforcement mechanisms that hold perpetrators accountable.
- Tech companies should invest resources to ensure an adequate level of human moderation for some of the most sensitive categories of content, including child sexual abuse material and exploitation.

## **Children Deprived of Liberty**

Millions of children are institutionalized or detained at any given time. A [2019 UN study](#) estimated that between 1.5 and 8 million children a year are held in detention facilities, immigration detention, orphanages, institutions, or otherwise deprived of liberty. Children with disabilities are over-represented; an estimated [1 in 3 children](#) in institutions is a child with a disability. In many such facilities, children are held in close proximity to other children, with limited access to water and sanitation, which can facilitate the spread of infectious diseases, such as COVID-19. Access to basic medical services are also often poor or lacking in these settings, putting children’s health at greater risk if they fall ill.

Although UN experts have concluded that detention of children for migration-related reasons can never be in the best interests of a child, [at least 330,000 children in 77 countries](#) are held in immigration detention each year. In [Greece](#), for example, hundreds of unaccompanied migrant and asylum-seeking children are locked up in police cells and detention centers in

unsanitary conditions, and unable to access medical treatment or psychological counseling. In mid-2019, US officials argued before a federal appellate court that they were not required legally to provide soap for children in immigration detention. Even before the COVID-19 crisis, severely substandard health care in US Immigration and Customs Enforcement (ICE) detention centers contributed to the deaths of several children. As of March 26, 2020, three unaccompanied children in US government custody had tested positive for COVID-19.

Deprivation of liberty is almost never in a child's best interests, under any circumstances. The risks posed by COVID-19 underline the importance of dramatically reducing the number of children in institutions and detention facilities and transferring them to family-based, non-custodial settings. Many children in juvenile detention, for example, are not a risk to public safety, and may be detained for petty, nonviolent, or status offenses. Many children in orphanages or other residential institutions have a living parent and with sufficient support, could be cared for at home. A large body of research also finds that within the justice system, alternatives to detention for children are often cheaper and result in lower rates of recidivism.

#### *Recommendations:*

- Authorities should take urgent steps to transfer children deprived of liberty, which may include children in orphanages, other residential institutions, and immigration-related detention, to family-based care, and look to reallocate resources from closed settings to families who may require support to care for their children.
- Authorities should evaluate all child detainees in the justice system for possible release, giving priority to children under the age of 16; children detained pre-trial; those detained for low-level or nonviolent offenses; those held for probation violations or failure to appear in court; those with medical conditions that may make them at particular risk of serious illness or death from COVID-19 infection, or that the institution would likely be unable to address appropriately given increased attention to COVID-19 cases; pregnant girls and those who are primary caregivers for their own or other children; and those nearing the end of their sentences.
- When deprivation of liberty is unavoidable, authorities should take urgent steps to prevent or limit the outbreak of COVID-19, to protect the physical and mental health of all detainees, and to treat the disease should any detainee acquire it. This includes screening and testing for COVID-19 according to the most recent recommendations of health authorities; providing adequate hygiene, sanitary conditions, medical services; and reducing density to enable "social distancing."

## **Health, including Sexual and Reproductive Health**

An estimated 5.3 million children under the age of 5 died globally in 2018, largely of preventable or treatable causes. Roughly half of those deaths occurred in sub-Saharan Africa. Due to COVID-19, access to health care for children has become even more difficult. The COVID-19 pandemic is straining health systems and leading to the reallocation of personnel and resources, shortages of medical supplies, and disruptions to some routine healthcare. The 2014-2015 Ebola outbreak in West Africa overwhelmed healthcare systems in Guinea, Sierra Leone, and Liberia and reduced access to basic health care, including HIV testing and treatment, childhood vaccinations, and maternity care. Reduced access to treatment during the outbreak led to dramatic increases in deaths from malaria, HIV/AIDS, and tuberculosis, including among children.

The COVID-19 pandemic could have similar effects. The executive director of UNICEF has said, "As the pandemic progresses, critical life-saving services, including immunization, will likely be disrupted, especially in Africa, Asia and the Middle East where they are sorely needed." For example, UNICEF reported that mounting threats from COVID-19, together with an Ebola outbreak in eastern Democratic Republic of the Congo, has diverted resources from measles and cholera epidemics that have already killed thousands of children.

During the COVID-19 pandemic, it is vital that children have access to basic health care for any condition, whether COVID-19-related or not. For example, children with HIV need to be able to access essential anti-retroviral drugs.

Though children with COVID-19 generally seem to have less serious illness than other age groups, there is also a risk that children with underlying health conditions such as severe asthma or cystic fibrosis, or those whose immune systems are

compromised, will require hospitalization and intensive care when contracting COVID-19. This group includes an estimated 2.8 million children living with HIV, the vast majority of them in Africa.

Children who rely on schools for their health care are particularly affected by COVID-19 school closures. In the United States, for example, over 6 million students rely on schools for primary health care, mental health care, and other services. Access to this health care is particularly important as students from poorer communities often have higher rates of asthma, substance use, poor nutrition, obesity, anxiety, and depression than other children.

In addition, billions of children around the world – and their caregivers – may experience stress, fear, anxiety, depression, or other changes in their psychological and emotional health as they see their lives change profoundly during the pandemic with school closures, quarantines and lockdowns (especially if children are separated from their parents or caregivers), economic hardships, and other difficult changes, including the possible loss of a parent. During the Ebola outbreak in West Africa, social workers played a critical role, by providing space for vulnerable families to express their fears and basic needs, and coordinating with available service providers.

Long before the COVID-19 pandemic, adolescents and young people in many countries faced particular challenges accessing essential sexual and reproductive health information and services. Many young people do not receive comprehensive sexuality education in school and struggle to access reliable information about their sexual and reproductive health. Young people often encounter specific barriers in accessing contraception, abortion, or other health services because of harmful stigma around adolescent sexual activity and laws that require parental involvement for certain services. When children are confined to their homes, their ability to access information and services shrinks further.

The COVID-19 pandemic could interfere with a range of sexual and reproductive health services, availability of contraceptive supplies, contraceptive counseling, testing and treatment for sexually transmitted infections, safe abortion care, and other services. Some US states have already used the COVID-19 pandemic to try to restrict access to abortion, claiming incorrectly that abortion care is a non-essential health service. Hospitals in Italy are increasingly considering abortion a “deferrable” healthcare service, and have stopped providing abortion care during the pandemic.

Young people may have particular difficulty navigating the additional hurdles the pandemic poses to accessing such services while living under quarantines, lockdowns or shelter-at-home orders, especially if they lack parental or family support.

Over the long term, disruptions in sexual and reproductive health services could lead to increases in unmet need for contraception, unintended pregnancy, unsafe abortion, and sexually transmitted infections.

Young adolescents, ages 10 to 14, have a higher risk of health complications and death from pregnancy than adults. The World Health Organization reports that complications from pregnancy and childbirth are the leading cause of death for girls and young women ages 15 to 19. Disruptions to pre- and post-natal and birth care could increase the risk of maternal death, which is already high for young adolescents. Though risks specific to pregnant people exposed to COVID-19 are not yet clear, other coronaviruses have been linked to adverse pregnancy outcomes. The US Centers for Disease Control and Prevention identified current or recent pregnancy as a factor that may increase the risk of serious COVID-19.

#### *Recommendations:*

- Governments should minimize disruptions in children’s access to essential and life-saving basic healthcare services for issues unrelated to COVID-19.
- Governments should create long-term plans to deliver immunizations in the aftermath of the pandemic and identify children who missed doses of vaccines due to disruptions in health services.
- Governments should ensure access to mental health and psychological support services for children and adolescents, during the pandemic and afterward.
- Governments should closely monitor and work to mitigate the impacts of COVID-19 on sexual and reproductive health services, particularly for adolescents and young people who already face unique barriers to care.

- Government education and health ministries should ensure comprehensive sexuality education is included in online and distance learning measures implemented during school closures.
- Governments should create new resources online to provide child-friendly sexual and reproductive health information, including about how to access services during the COVID-19 crisis.
- Governments should continue, and expand as needed to meet demand, support for hotlines assisting people with questions about pregnancy, abortion, and sexual and reproductive health, and ensure that these services assist and reach out to children.
- Governments should ensure safe abortion is regarded as essential health care and accessible even when emergency measures mandate delaying some forms of health care.
- Governments should facilitate full access to safe medical abortion at home, including lifting any regulatory barriers to the teleconsultations and access to medications needed for medical abortion at home.
- Governments should ensure pregnant adolescents can have a trusted companion present during childbirth, and any restrictions required by public health concerns are implemented in the least restrictive way and to minimize the rights impact; include the adolescent's participation to develop alternatives that ensure the safety and well-being of all patients.
- Over the long term, governments should remove requirements for parental involvement in sexual and reproductive health services, including abortion, as these requirements can be barriers to care.

## Refugee, Migrant, and Internally Displaced Children

Tens of millions of children have migrated across borders or been forcibly displaced, including over 12.7 million refugees, 17 million internally displaced people, and 1.1 million asylum seekers. Many are confined in overcrowded camps, informal reception centers, or squatter settlements, with a lack of clean water, sanitation, and medical services, where infectious diseases easily spread. Under such conditions, basic COVID-19 prevention measures such as frequent handwashing and “social distancing” are nearly impossible. Due to limited health care, refugees, asylum seekers, migrants, and internally displaced people who have serious chronic health conditions are less likely to receive appropriate treatment and advice, making them even more vulnerable to COVID-19.

Despite the threat posed by COVID-19, child protection authorities in several parts of France are abandoning unaccompanied migrant children, who are forced to live in unsanitary and sometimes overcrowded places where they have no protection against transmission of the virus or other illness. In Marseille, for example, authorities refuse to provide unaccompanied migrant children with housing and care despite juvenile and administrative judges' orders to do so.

In late March, the first positive case of COVID-19 was reported in Cox's Bazar in Bangladesh. More than 900,000 Rohingya refugees – over half of whom are children – reside in Cox's Bazar, where the population density of refugee camps exceeds that of any city in the world. The government of Bangladesh, which has largely closed off the camps, has restricted internet access and education to refugees, who are also banned from buying mobile-phone SIM cards. Without access to information or education, refugees at risk of contagion, including children, have been left uninformed about the coronavirus and ways to seek health care.

In Greece, the government's ongoing 2016 policy of confining asylum seekers on the Aegean Islands had created dramatic overcrowding in unhygienic conditions even before COVID-19. As of March 31, about 36,560 people, at least one-third of them children, have been stuck on the islands in camps with a capacity for only 6,095 people. There has long been inadequate access to medical care, toilets and showers, and decent housing in the island camps, with thousands of families living in flimsy tents they bought themselves. Instead of evacuating the camps, Greece reacted to the risk of COVID-19 contagion by essentially locking them down, leaving children with even less access to essential services than previously, when conditions were already intolerable. Children on the islands face a potential humanitarian catastrophe from a mass outbreak of COVID-19 in the camps if the Greek government refuses to relocate them to the mainland.

Children who lose their parents or guardians to the virus will be particularly vulnerable to abuses including human trafficking, as their displacement will mean that they are less likely to benefit from access to traditional forms of alternative care, such as being taken in by extended family members. Such newly unaccompanied children may also be younger than the unaccompanied children for whom host governments and humanitarian organizations are more accustomed to identifying and finding solutions for.

*Recommendations:*

- Governments with the assistance of humanitarian agencies should increase efforts to identify children orphaned by the virus, and identify non-institutional alternative care options.
- Governments should, wherever feasible, move people out of overcrowded, unhygienic refugee camps and into other accommodation, taking necessary precautions for safe transport. Suitable shelters for unaccompanied children should be established immediately.
- Governments, with international support, should guarantee internally displaced persons, refugees, and migrants regardless of their status access to health care, and provide adequate sanitary and hygiene products and ensure continuous running water in camps so that residents can follow guidelines regarding protection from COVID-19.
- Governments should lift restrictions on internet and education access, and run or facilitate public health campaigns by humanitarian agencies to provide accurate, accessible, and timely information to all refugees and migrants, including in different languages, about preventing COVID-19 and what to do and how to get help if they experience symptoms.

## **Benefits from a Child-Rights Approach**

The COVID-19 pandemic has highlighted grave weaknesses in many countries' protections for children, including inadequate healthcare and social protection systems, overcrowded detention facilities, and the lack of emergency action plans for large-scale school shutdowns.

A rights-respecting response to the COVID-19 crisis can not only mitigate the worst harms of the pandemic, but also benefit children over the long term. For example, expanding internet access for schoolchildren will not only enhance children's access to education, but also their access to information, and their ability to organize and express themselves. Widespread school shutdowns may boost public opinion regarding the importance of education, leading to greater allocations of resources for schools and teachers, and stronger measures to ensure that the most marginalized children can access their right to schooling. Transferring children out of institutions and detention facilities to limit the transmission of the virus can also help countries transition to family-based, non-custodial settings for children, which are proven to be healthier and more beneficial for children's development. The economic crisis linked to COVID-19 may prompt governments to strengthen guarantees of economic and social rights and social protections for poor communities and vulnerable families that can, over the long term, improve food security, and reduce rates of child poverty, child labor and child marriage.

The risks posed by the COVID-19 crisis to children are enormous. Governments have a responsibility not only to act urgently to protect children during the pandemic, but to consider how their decisions now can best uphold children's rights long after the pandemic ends.

## **Your tax deductible gift can help stop human rights violations and save lives around the world.**



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