



A FUTURE AT RISK

THE UK'S ROLE IN ADDRESSING THE IMPACT OF COVID-19 ON CHILDREN'S RIGHT TO HEALTH AND EDUCATION

FOR EVERY
CHILD

unicef 
UNITED KINGDOM

This paper outlines the impact that COVID-19 is having on children's lives and suggests how the UK Government can play a leading role in protecting every child's right to health and education.

Cover image:

A girl's temperature is checked by a nurse before she is vaccinated at the Tegalrejo Community Health Centre in Yogyakarta, Indonesia. COVID-19 has placed significant strain on Indonesia's health system, as workers and resources are diverted to support the response. Fear of contracting the virus and social distancing are also leading some parents to defer routine immunization and other critical health interventions. In response, UNICEF is supporting authorities to ensure women and children continue to have access to essential health, nutrition and immunization services as well as key information on COVID-19.

Since the outbreak of COVID-19, UNICEF has been working around the clock to protect children's rights to health and education.

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In the first 100 days, UNICEF:

- Reached almost 3 billion people with [coronavirus prevention messages](#) to help them understand how to protect themselves from the virus.
- Helped almost 28 million people access [handwashing](#) supplies to help stop the spread of infection.
- Helped over 6 million [malnourished children](#) get urgent treatment.
- Trained 2 million health workers on [infection prevention control and treatment protocols](#), and over 500,000 received full PPE.
- Restored [education](#) for more than 156 million children through remote learning when schools were closed.
- Worked to keep nearly 100 million women and children connected to [critical basic health services](#) including antenatal and postnatal care, medical care for childhood illnesses and life-saving vaccinations.

For every child, health and education

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A FUTURE AT RISK

THE UK'S ROLE IN ADDRESSING THE IMPACT OF COVID-19 ON CHILDREN'S RIGHT TO HEALTH AND EDUCATION

COVID-19 is the greatest threat to child rights in a lifetime.

The future of a generation of children is at risk – Generation Covid. Their rights and opportunities hang in the balance as the world adjusts to, and plans its recovery from, the pandemic.

Will we settle for a setback in progress or seize the opportunity to build a stronger tomorrow?

Children's access to education and essential health services are critical to realising their full potential, enabling them to live a happy and opportunity-rich life. These two rights are inextricably linked, and neither can be progressed in isolation from the other. Yet right now both are under immense strain that could hold back a generation. Unless each, taken hand in hand, are at the forefront of global action, we could see years of progress reversed.

The UK Government's twin manifesto commitments of ending preventable child deaths and supporting 12 years of quality education for every girl are deeply connected. Health interventions are critical to support girls' education, as an estimated 500 million schooldays are missed in low- and middle-income countries due to sickness.¹ At the same time, education plays a key role

in child health; a child whose mother can read is 50% more likely to be vaccinated,² and if all women had a primary education, there would be 15% fewer child deaths.³

Realising and building on the Government's commitments will be crucial in deciding what future Generation Covid will have to look forward to. [With the establishment of the Foreign, Commonwealth and Development Office, the UK has an opportunity to reaffirm its commitment to both the UN Convention on the Rights of the Child and the Sustainable Development Goals \(SDGs\)](#), building a solid foundation through supporting a healthy and educated generation.

As the decade of delivery for the SDGs unfolds, recovery from COVID-19 will be a defining moment for global development for years to come.

Girls returning to school in Toumodi-Sakassou, central Côte d'Ivoire. For every child, education.





HEALTH

Between 1990 and 2018, the total number of under-five deaths more than halved – from 12.5 million to 5.3 million.⁴ UK Aid has played a vital role in this progress, investing in proven solutions to end preventable child deaths. Yet, despite such historic advances, **global progress had begun stagnating even before COVID-19.**

By disrupting access to life-saving services, COVID-19 now threatens years of progress on child and maternal mortality.

THE IMPACT OF COVID-19 ON CHILDREN'S RIGHT TO HEALTH

STALLED PROGRESS ON SDG 3.2

For the first time in 20 years, child mortality could increase, reversing decades of progress. However, the aspiration to end preventable child deaths by 2030 is not insurmountable. With global political commitment, investment in primary health care and equitable access to immunisation, it is possible to prevent 52 million more children dying from preventable causes before 2030⁵.

With 10 years to meet the SDGs and underpinned by the UK Government's

manifesto commitment, the past year could have been the bold turning point for the global community to ramp up progress towards ending preventable deaths.

But as a result of the coronavirus pandemic, many countries will struggle to retain even pre-pandemic coverage levels for health services. To end preventable deaths, the UK Government must show strong leadership and support the re-establishment of health systems around the world.

Nurse Hana Barakat prepares a vaccine for a child at a clinic in Ramallah, State of Palestine.



© Unicef/Jziman

REDUCED ACCESS TO LIFE-SAVING HEALTH SERVICES

Previous epidemics such as Ebola have shown how **health systems in vulnerable countries struggle to maintain service provision while fighting disease outbreaks**. As critical health resources, including health workers and medical supplies, are diverted from routine services to emergency response it is often children that suffer. Restrictions on movement and fear among the general population can exacerbate the situation, limiting the uptake of immunisation, child and maternal health services.

In May 2020, early estimates of the effects of COVID-19 on child and maternal mortality in 118 low- and middle-income countries showed that **disruptions to health systems and reduced access to food could result in an extra 1.2 million deaths of children under age 5 in just six months**.⁶ This is in addition to the 2.5 million children under-five who died every six months before the pandemic.⁷

Due to disruptions to childbirth, child health and nutrition services, South Asia

could account for 440,000 of the 1.2 million additional deaths of children under five,⁸ while the Middle East and North Africa could see 51,000 more child deaths.⁹ 41% of these additional child deaths could result from reduced coverage of antibiotics for pneumonia and of oral rehydration solution for diarrhoea, while 18-23% would result from increase in wasting prevalence.¹⁰ Reductions to other essential health interventions including measles, rotavirus and DTP3 (diphtheria, tetanus and pertussis) vaccines, could also contribute to increases in maternal and child deaths.¹¹ Children are suffering as health systems experience disruptions to availability of supplies and workers, families struggle to access services as a result of government-imposed restrictions on movements, and healthcare workers who are inadequately protected fear catching the virus at work.

Without urgent action to protect children's access to essential health services and adequate nutrition, 6,000 children could die every day over the next six months.

A UNICEF nutrition specialist holds a baby at the nutrition rehabilitation clinic in Nouakchott, Mauritania.

© Unicef/M Alvarez



DISRUPTIONS TO IMMUNISATION

Childhood vaccinations are one of the most cost-effective interventions against preventable diseases, and the infrastructure they bring to a community is critical for ensuring access to other essential health services. But the pandemic has disrupted life-saving immunisation services against infectious and preventable diseases like measles, diphtheria, polio, diarrhoeal disease, pertussis and cholera.

Amid concerns that mass immunisation campaigns may further the spread of coronavirus, many countries suspended their vaccination campaigns. Sixty-one countries reported COVID-19 related disruptions to

their immunisation programmes in May.¹² In Bangladesh, lack of transport and fear among parents of infection at health centres, resulted in **49% reductions in the number of children receiving routine vaccinations between February and April 2020.**¹³

No child should die from a preventable disease, yet in 2018, measles claimed 140,000 lives¹⁴, mostly of children and babies. Despite having a safe and effective vaccine, more than 117 million children in 37 countries are now at risk of missing out on the measles vaccine¹⁵ because of paused or suspended vaccination campaigns. Many of these unvaccinated children are at increased risk as they are already living in areas with ongoing measles outbreaks. In addition, **at least 80 million children under the age of one are at risk of diseases such as diphtheria and polio** due to disruptions in routine vaccinations.¹⁶

Immunisation coverage was making slow progress before the pandemic and had stalled at 85% global coverage for DTP3 and measles vaccines¹⁷. But the most recent estimates on vaccine coverage from 2019 worryingly show that the **DTP3 vaccine could see a reduction in coverage for the first time in 28 years.**¹⁸ Coronavirus will only make this situation worse.

The UK Government is already playing a leading role in the global pandemic response and has demonstrated its commitment to equitable access to vaccines by ensuring Gavi, the Vaccine Alliance has the resources they need to deliver their 2021–25 strategy, ensuring an additional 300 million children receive routine vaccinations.¹⁹

But COVID-19 related disruptions mean that the global health community must now reimagine immunisation programmes. When restoring immunisation services and implementing catch-up programmes, services to protect the hardest-to-reach children from preventable diseases must be expanded.



Paulina, age 10, is vaccinated at a health centre in Bolívar, Venezuela. Since the COVID-19 outbreak in Venezuela, more than 37,000 children have been vaccinated against measles and around 52,000 pregnant women and newborns have received maternal and neonatal care at Unicef-supported facilities.



UK AID: BEATING MALARIA IN UGANDA²⁰

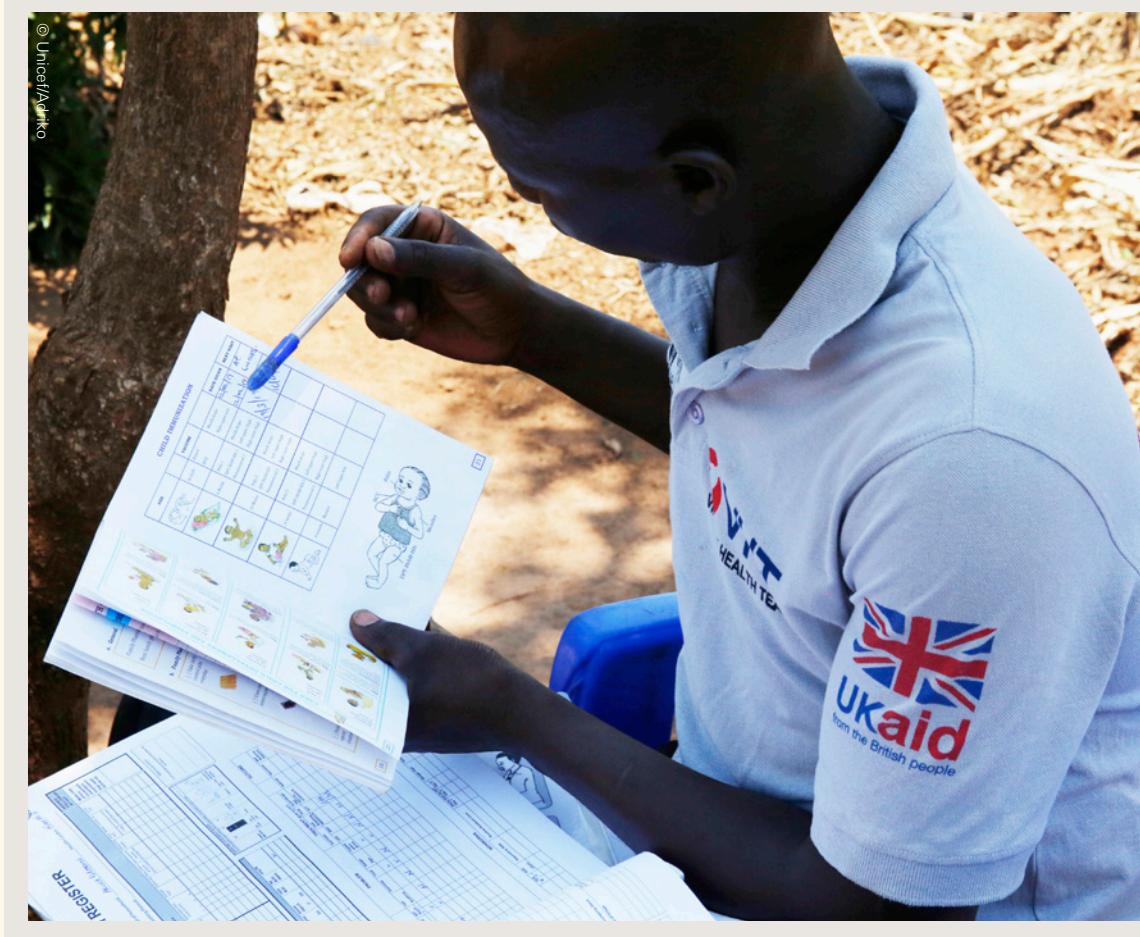
In 2018, HIV, tuberculosis (TB) and malaria claimed the lives of 2.4 million people around the world.²¹ Children under five are the most vulnerable to malaria, and accounted for 67% of all malaria deaths in 2018.²²

Now 106 countries are reporting disruptions to three-quarters of current HIV, TB and malaria programmes as a result of COVID-19, which could result in deaths from these diseases doubling in 12 months.²³

Malaria is the leading cause of death in Uganda, with 13.4 million confirmed cases in 2019. As COVID-19 spread through the country, there was a risk that Government restrictions to prevent community spread would impact the delivery of health services. Furthermore, health workers faced the challenge of differentiating between coronavirus and malaria for early diagnosis, as they present similar early symptoms, including fever, muscle pain and fatigue.

In response, UNICEF worked with the Malaria Consortium and the Ugandan Ministry of Health to support the development of guidance for continuing essential health services during the COVID-19 outbreak.

With **UK Aid funding**, and under the Strengthening Uganda's Response to Malaria (SURMa) programme, UNICEF and the Malaria Consortium worked with health officials in 27 districts to resume key malaria-related activities including screening and treatment of patients, especially pregnant women. Recognising the critical role that community health workers play in ensuring that children under five can access quality care as quickly as possible, UNICEF reprogrammed funds within the SURMa project to procure PPE for Village Health Teams (VHTs) so they could continue to provide care to the most vulnerable while staying safe from COVID-19.



Felix Martin Olingo is part of a village health team in northern Uganda that has been trained to test and treat malaria in children under age 5 as part of the UNICEF SURMa programme funded by UK Aid.



A RISE IN UNDERNUTRITION

Undernutrition makes children especially susceptible to infection and accounts for nearly half of all under-five deaths. Even before the pandemic, **almost 2 in 3 children between six months and two years of age were not receiving adequate nutrition²⁴** to support their development. With the socio-economic impacts of COVID-19, this is set to worsen while disruptions to nutrition services are a direct threat to life.²⁵

COVID-19 is more than a health crisis. It is also a nutrition and socioeconomic crisis that has exposed the increasing fragility of our food systems. **In 2019, 47 million children around the world suffered from wasting²⁶. With increases in household poverty and food insecurity as a result of COVID-19, an additional 6.7 million children under-five could suffer from wasting in 2020²⁷.** Eight out of ten of these children will be in sub-Saharan Africa and South Asia.²⁸ This points to a worrying change of trend from the slow but steady reduction.²⁹

Mityasi, 7 months, receives therapeutic treatment for malnutrition in Gujarat, India.

Deaths related to undernutrition are concentrated among the poorest groups.

For example, **South Asia has the second highest under-five mortality rate³⁰** in the world, with the poorest children twice as likely to die compared to those in rich households. Across the region, an estimated **7.7 million children under five already suffer from severe wasting³¹ – this is more than half the global total**. Now, COVID-19 could push **an additional 120 million children in South Asia over the poverty line** within just six months³², making it more difficult than ever for families to afford nutritious food for their children. For example, according to a UNICEF survey in Sri Lanka, 30% of families had already reduced their food consumption in early May.³³

Eighteen months ago, Yemen was already facing a major food crisis. Only large-scale humanitarian assistance in areas where people were most at risk of acute food insecurity meant that the country was able to prevent famine. The coronavirus pandemic is again affecting availability of and access to food. A health pandemic coupled with other threats including desert locusts, conflict and floods means 3.2 million people in Yemen could face high levels of acute food insecurity in the coming months.³⁴



EASTERN AND SOUTHERN AFRICA

More than 80 percent of COVID-19 cases in this region were reported in South Africa, along with high reported caseloads in Ethiopia, Somalia and South Sudan where testing capacity is low and the risk of contracting the virus at quarantine centres – as a result of inadequate infection prevention and control – is high.³⁵ Families are reporting reduced access to essential health and nutrition services, lower household income and food insecurity for vulnerable women and children, and there is an increase in COVID-19 cases among healthcare workers.

ETHIOPIA³⁶

"There are times when power goes off for 2 to 3 days. When that happens, vaccines and medications deteriorate, and there is nothing we can do."

Sister Genet, Dengolat Health Centre, Tigray

In Ethiopia, a country that has shown notable progress in reducing maternal and child deaths, midwives working in rural health centres are reporting a reduction in the number of mothers coming for antenatal care and women

giving birth in health facilities. In addition, it is proving a challenge to deliver immunisation services as electricity frequently fails and the delivery of a back-up generator has been delayed because the local health bureau is focused on COVID-19.

UNICEF is supporting Ethiopia with a national COVID-19 communication plan, focused on dispelling rumours that prevent mothers from accessing health facilities, while working with local authorities for delivery of the generator to ensure that services continue.



HEALTHCARE WORKERS AT RISK



Healthcare workers are the key to building strong and resilient health systems. They are critical, for instance, in diagnosing, treating and preventing pneumonia, the leading cause of death among children under the age of five. Community health workers are essential for reaching children in the hardest-to-reach communities. They provide vaccines, antibiotics, breastfeeding and nutrition support, helping to prevent millions of child deaths from major childhood diseases such as diarrhoea and measles.

Low- and middle-income countries with weaker health systems, lower purchasing power and supply-chain challenges are more overwhelmed by health resource shortages than high-income countries. Many of these countries have few health workers to begin with and, as a result of insufficient protection, their lives are now at risk.

Without equitable access to personal protective equipment (PPE) and COVID-19 vaccines and therapeutics, these healthcare workers will remain at risk.

A boy receives a vaccine during a UNICEF-WHO vaccination campaign in an informal settlement in Zarqa, Jordan.

Inequitable access to life-saving health resources will leave the poorest countries unable to respond to the virus while delivering essential services. **Unless we protect health workers, health systems will remain overwhelmed, and the most vulnerable children will continue to lose access to life-saving services, risking years of progress** and resulting in the poorest children falling further behind.

UNICEF is playing a key role in international efforts to prepare for the global distribution of a COVID-19 vaccine as soon as it becomes available. However, increasing vaccine nationalism may mean that the poorest countries with the weakest health systems do not get access to COVID-19 vaccines and treatments at the same time as high income countries.

The whole world will remain vulnerable to the virus until countries with the weakest health systems are protected from it. Prioritising equitable access is the best way to ensure global health security now and protect against future infectious disease outbreaks.





HEALTH: RECOMMENDATIONS FOR THE UK GOVERNMENT

The UK Government has a critical role to play in continuing to prioritise ending preventable child deaths and tackle the impact of COVID-19.

To do so, the Government should:

1 Safeguard funding for child and maternal health programming

As health systems struggle to cope with the pandemic while also safeguarding essential health services, children continue to be the hidden victims of the coronavirus pandemic. **The UK Government must prioritise child health within its COVID-19 response and maintain existing levels of funding for child, new-born and maternal health interventions.**

2 Accelerate progress towards ending preventable deaths

Covid-19 has not only threatened further progress on reducing child mortality, it is risking hard-won gains. To prevent an additional 6,000 children dying each day and to end all preventable child deaths by 2030, **the UK Government should publish and deliver an ambitious action plan for ending preventable child deaths.**

3 Make a new Nutrition for Growth commitment

Tackling malnutrition and prioritising the delivery of nutrition interventions within health systems is critical for ending child mortality, as well as preparing for the effects of climate change and future pandemics. **The UK Government must maintain its current level of nutrition funding in the new FCDO and make a new Nutrition for Growth commitment.**

4 Ensure equitable access to COVID-19 vaccines and treatments

To protect healthcare workers and save children's lives, any vaccine must be made available at the same time for all countries. **The UK Government must lead efforts to ensure that the most vulnerable countries and people are not left behind in the race to access COVID-19 vaccines and treatments at an affordable price.**

GIRLS' EDUCATION IS CRITICAL FOR ENDING PREVENTABLE CHILD DEATHS

In 2018, then Foreign Secretary and now Prime Minister Boris Johnson declared that "**Girls' education is the Swiss Army knife, the Rosetta Stone, the Black and Decker toolkit that solves a multitude of the world's problems.**"³⁷ The Prime Minister could add another crucial item to that list: a doctor's bag.

Girls' education is one of the key tools the world can use to end preventable child deaths – and investing in health interventions could help address the learning crisis. Increased girls' education is estimated to be responsible for 14% of reductions

in under-five mortality between 1970 and 2010³⁸ and a child whose mother can read is 50% more likely to live past the age of five.³⁹

At the same time, health plays a critical role in education. A child who is healthy, well-nourished, cared-for and stimulated, and who has some form of early childhood education, will likely learn faster than their peers.⁴⁰

Given the critical relationship between girls' education and ending preventable child deaths, the UK's commitment to both is welcome and necessary. One cannot be realised without the other.

EDUCATION

Every child has the right to education, and yet the COVID-19 pandemic has challenged the realisation of this right in almost every country. With widespread school and university closures affecting more than 1.5 billion learners globally at the peak, [this is a health crisis and an education crisis.⁴¹](#)

While the impact has been severe, the opportunities are equally significant. The COVID-19 pandemic offers the world an opportunity to reset ambition, drive change, and 'open up better' for all children.

THE IMPACT OF COVID-19 ON CHILDREN'S RIGHT TO EDUCATION

The COVID-19 pandemic came at a time when education systems were already facing extreme challenges. Even before the pandemic, 258 million children were out of school⁴² and only half of all children with disabilities in developing countries were in school.⁴³ Furthermore, fewer than half of countries had achieved gender parity at lower-secondary level, and only a quarter at upper-secondary level.⁴⁴ In sub-Saharan Africa, almost 87% of children could not read and understand a simple story by age 10.⁴⁵ Perhaps most worryingly, progress on eliminating education disparities between the furthest behind children and the national average had stagnated in some countries, and had even grown in some contexts.⁴⁶ These statistics paint a bleak picture, clearly

setting out that the world was already in the depths of a learning crisis before the arrival of COVID-19.

This crisis has been exacerbated by the pandemic. Even as countries look to return to normal, more than 700 million learners remain affected by school and university closures, with 33 nationwide closure mandates in place.⁴⁷ While necessary measures were brought in to stem the spread of the virus, this has not been without significant consequences for children's right to education. **Urgent action is needed to support comprehensive systems strengthening to prevent long-term impacts on children's futures.**



Children finally return to their class in Toumodi-Sakassou, central Côte d'Ivoire. Children wear masks, wash their hands regularly and keep a social distance.

CONTINUING LEARNING IN TIMOR LESTE

All schools in the southeast Asian nation of Timor Leste were closed on 23 March, affecting more than 400,000 learners. This equates to more than **one third** of the entire population of the country. Despite the closure of schools, the Government prioritised continuity of learning, partnering with UNICEF to take an equity-based, multi-channel approach. Education was delivered via TV, radio, the internet, mobile phones, and through printed materials. This distance learning programme is called *Eskola ba Uma* (*School Goes Home*).



Madia shows off the *Eskola ba Uma* platform that she uses to continue learning during her school closure in Timor-Leste.

Eskola ba Uma is delivered through four channels: two traditional (TV and radio) and two non-traditional (UNICEF/Microsoft's Learning Passport and UNICEF/Telemor's mobile programme). The Learning Passport is an online learning platform that gives children remote access to textbooks, stories, songs, videos, and learning materials aligned with the national curriculum. The programme tracks learners' progress using a built-in assessment feature. The Platform was expanded rapidly through a mobile app, allowing children without regular internet connections to access resources via mobile phone.

Similarly, the UNICEF/Telemor programme allowed learners to access learning materials via mobile phone. This project was aimed at the most marginalised learners, including those living in rural areas and without access to the internet. Children received learning materials via mobile phone, while parents and carers could sign up for helpful SMS tips to support their children's education.

These innovations are critical to capture, assess and build on to strengthen education systems in the face of future crises.

STALLED PROGRESS ON SDG4

Sustainable Development Goal 4 calls on states to *ensure inclusive and equitable quality education and promote lifelong learning opportunities for all*. However, **even before COVID-19, the world was woefully off-track to achieving this goal**. In 2019, UNICEF estimated that, on average, countries would need to increase primary enrolment by 1.1 times and double secondary enrolment in order to realise universal access. The challenge is even greater in some regions, with sub-Saharan Africa needing to enrol 3.3 times more children to achieve universal pre-primary, primary and secondary education by 2030.⁴⁸ Unfortunately, COVID-19 only adds to this challenge, as it is estimated that 'up to 9.7 million children are at risk of dropping out of school due to rising levels of child poverty'.⁴⁹

This is more than the entire population of London.

At pre-primary level, the challenge is equally significant. SDG 4.2 calls on states to *ensure that all girls and boys have access to quality early childhood development, care and pre-primary education*. Yet before the pandemic, an estimated 175 million children did not have access to early childhood education (ECE).⁵⁰ COVID-19 has only exacerbated this challenge and set back any hopes of achieving SDG4.2, as **40 million children have missed out on pre-primary education** during this time.⁵¹ Given the critical role ECE plays in developing strong, efficient and effective education systems, this in turn will see significant challenges for realising SDG4 as a whole.

AN INCREASING GLOBAL AND LOCAL DIGITAL DIVIDE

COVID-19 has demonstrated the global reliance on digital connectivity and shone a spotlight on unequal access, within and between countries. **An estimated 463 million children, or one third of the world's schoolchildren, were unreached by remote learning initiatives during COVID-19.⁵²**

While many countries moved to delivering lessons via the internet, millions of young people remain offline.

Out of 183 countries with data, 71 countries see less than half the population accessing the internet.⁵³ Within countries, the digital divide is similarly stark. In India, for example, the National Statistics Office has reported that 42% of urban households have internet facilities, while only 14.9% of rural households have access to these same facilities.⁵⁴

The divide is also along gender lines, with the International Telecommunication Union (ITU) reporting that 'globally women are 23% less likely than men to use mobile internet.'⁵⁵ Indeed, girls' education is hampered by unequal access to technology during this time, as well as a lack of gender-sensitive remote learning initiatives and the burden of caring responsibilities falling disproportionately on female members of the household.⁵⁶ Children with disabilities face similar obstacles to accessibility, with many online, radio, and TV programmes inaccessible for those with visual or hearing impairments, among other learning difficulties. **As countries build back from the pandemic, strong and resilient education systems will require action to address the digital divide.**

OVERCOMING BARRIERS THROUGH ACCESSIBLE DIGITAL TEXTBOOKS (ADT)⁵⁷



School closures challenge the realisation of the right to education for all children, but for children with disabilities, the barriers to continuity of learning are even more acute. Accessible content and assistive technologies and facilities are lacking, with countries often unprepared to support the technical and digital needs of children with disabilities when education is delivered remotely.

Accessible digital textbooks (ADT) help address this challenge by providing accessible core learning materials through assistive technologies. UNICEF is currently piloting ADT initiatives in Kenya, Uganda, Rwanda, Paraguay, Uruguay and Nicaragua, supported by Ministries of Education, curriculum developers, publishers, teachers, organisations of persons with disabilities, technologies, and persons with disabilities themselves. ADT are part of a long-term strategy to deliver more inclusive, resilient, and responsive education systems for all learners.

UNICEF is piloting ADTs at 25 schools in Kenya. These have audio for children with visual impairment, simplified text for those with intellectual disabilities and sign language video for those with hearing impairment.

RISKING THE PROTECTION AFFORDED BY SCHOOLS

School closures in response to COVID-19 do not just impact children's academic achievement. **For many children around the world, school is a safe space and a hub for resources. Some 305 million children in low- and middle-income countries – half of those enrolled – receive food on a daily basis while at school.**⁵⁸ For some, this is the only complete daily meal they receive. The impact of undernutrition has already been made clear in this briefing, with expected increases in poverty putting millions more children at risk.

School is also critical for ensuring child protection and safeguarding, and for delivering crucial Sexual and Reproductive Health Rights interventions. In Sierra Leone during the Ebola crisis, this role came into stark relief as school closures and the loss of family livelihoods saw sexual violence increase and teenage pregnancies more than double.⁵⁹ Schools also provide critical psychosocial interventions for children affected by trauma, something that will be increasingly important as families experience bereavement during the pandemic.

Hetal, age 12, studying at her home in Gujarat, India.



LOSING THE FIGHT FOR EDUCATION FINANCING

While COVID-19 has placed many immediate barriers in the way of realising the right to education, the long-term impact is only just beginning. The pandemic is likely to deal a triple blow to education financing through 1) a reduction in domestic resources due to shrinking economies; 2) fewer household resources to pay for education as a result of the economic downturn; and 3) smaller aid budgets resulting in less ODA for education. Before the pandemic, aid to education had stagnated since 2010 and UNESCO estimated that there was a \$39 billion annual funding gap for low- and lower-middle-income countries to achieve an additional year of pre-primary and universal primary and lower secondary education.

To close this gap would require spending six times more on education aid. Instead, economic decline could mean a \$2 billion fall in aid for education by 2022.⁶⁰

EDUCATION: RECOMMENDATIONS FOR THE UK GOVERNMENT

In order to realise children's right to education, the UK Government has a critical role to play in addressing and mitigating the loss of learning due to COVID-19. To do so, the Government should:

1 Put education at the centre of the UK's international COVID-19 recovery

Progress on SDG4 is at risk due to COVID-19, and the UK's response to the pandemic will be crucial to deliver the promises made to children in 2015. To make these promises a reality, **the UK Government must continue to champion education in emergencies, work with partner countries to ensure all children return to school (including through active engagement in UNICEF's Open Up Better campaign), and allocate sufficient resources to education within the response.**

2 Ensure best practice and remote learning innovations are captured, assessed, and accelerated

COVID-19 has shone a spotlight on inequity in access to education and technology, while also offering a platform for innovation. These lessons are too important to lose.

The UK Government should work with countries to learn from the crisis, including in relation to digital technology and remote learning, and invest in initiatives that accelerate innovation and digital connectivity.

3 Commit to a holistic, systems-strengthening approach to education

The pandemic has illustrated the critical and holistic role that education plays in children's lives, particularly in relation to nutrition, health, and child protection. Recognising this broad role, the new FCDO should embed the principles of equity, climate resilience, systems strengthening, and youth participation in its education work to realise the full potential of education. **It should do this by reiterating support for a holistic, systems-strengthening approach to education through upcoming policies, action plans, and strategies.**

4 Invest in global education financing

Building back better after COVID-19 will require long-term investment and commitment to education. The UK Government is an international leader in financing global education and this should be maintained by the FCDO. **The UK Government should commit to spend 15% of UK ODA on education, including a world-leading pledge to the Global Partnership for Education** at its replenishment conference in 2021.



FROM SUPPORT TO STRENGTHENING

As countries navigate and emerge from the COVID-19 pandemic, the world has a choice: to build a better future for Generation Covid or regress and fail to deliver on promises of development.

The next 18 months is the time for action. There is a decade to meet the Sustainable Development Goals and no time to lose.

And yet, as the pandemic and recovery continue, it is very unlikely that COVID-19 will be the last pandemic we see. Indeed, the World Health Organization recognises that 'the combined impacts of rapid demographic, environmental, social, technological and other changes in our ways-of-living' are leading to an apparent increase in infectious diseases.⁶¹ At the same time, climate change is leading to an increase in natural disasters and long-term environmental changes (both of which drive displacement and migration), making future disruption to education and health systems far more likely.

These factors make system strengthening critical for ensuring the long-term realisation of every child's right to health and education. COVID-19 has shown the weaknesses in these systems, yet it has also provided a platform for innovation. These innovations must be used to strengthen systems in the future, ensuring they are able to support children before, during, and after crises.

To do this the UK Government must build on the formation of the FCDO and utilise key platforms to reimagine and reinvigorate child rights and global development. In doing so, it can strengthen the systems that will support future generations for years to come.

THE OPPORTUNITIES ARE CLEAR

1 Immediate COVID-19 response

This briefing has laid out the risks to health and education that children around the world are facing due to COVID-19. Ensuring that child rights and equity are at heart of the COVID-19 response will be crucial to start the journey to stronger systems that can withstand future crises.

2 G7 presidency

The 2021 G7 will be a key opportunity to build the potential of future generations, cementing global commitment to their rights. The UK can lead the way by delivering a new bold and historic commitment to strengthening health and education systems that can withstand the challenges faced during and after COVID-19.

3 COP26

COVID-19 highlighted significant gaps in education and health provision that will likely be further exacerbated by climate change. In learning from this pandemic and strengthening health and education systems to withstand future crises, there is an opportunity to build more resilient solutions for children. The UK should use COP26 to mainstream child rights through climate policies and agreements, addressing the deep connections between health, education, and climate change.

ENDNOTES

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