


# Making the best interests of the child a primary consideration during pandemic preparedness and response

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**To cite:** Chaiban T, Pakkala L, Pfaffmann Zambruni J, *et al.* Making the best interests of the child a primary consideration during pandemic preparedness and response. *BMJ Glob Health* 2024;**9**:e015917. doi:10.1136/bmjgh-2024-015917

**Handling editor** Soumitra S Bhuyan

Received 13 April 2024  
Accepted 30 April 2024

Since the onset of the COVID-19 pandemic, awareness has grown of the need for strengthening the global health architecture for pandemic preparedness and response and public health emergencies more generally.<sup>1 2</sup>

Public health emergency efforts must take into consideration impacts at the local level, including socio-economic consequences. As pandemics begin and end in communities, prioritising community preparedness and response, and protection of children, is therefore essential. Communities, including children, need to be protected not only from the public health threat itself but also from the negative consequences of control measures. This includes preserving the continuity of essential public services during an emergency, such as schools, routine healthcare and child protection services.<sup>3 4</sup> For example, school closures during the COVID-19 pandemic affected the majority of countries, leading to learning losses and inequalities.<sup>5</sup> A lesson learnt is that effects on the wider determinants of health have to be considered when implementing public health and social measures for infectious disease control.

In March 2024, building on a previous 'white paper',<sup>6</sup> UNICEF released an Operational Response Framework for Public Health Emergencies that articulates how UNICEF will address the needs of children and women during a public health emergency.<sup>7</sup> This framework focuses on UNICEF's direct contribution to a future pandemic centred on: risk communication and community engagement; supply and logistics and last-mile delivery of medical countermeasures, including vaccines; infection prevention and control; and water, sanitation and hygiene interventions, including in schools and community spaces. Indirect interventions critical for protecting children are also included. For example, providing mental health support, addressing gender-based violence, supporting the frontline health and social workforce and

## SUMMARY BOX

- ⇒ Pandemics have shown that children face specific vulnerabilities that require child-focussed measures to be taken as part of comprehensive preparedness and response, including continuity of essential public services such as schools.
- ⇒ Direct and indirect multisectoral interventions are needed for protecting children from public health threats.
- ⇒ The Pandemic Agreement is a unique opportunity to ensure that the best interests of the child are of primary consideration during pandemic preparedness and response. This requires:
  - ⇒ The Convention on the Rights of the Child being upheld in pandemic prevention and response efforts.
  - ⇒ Medical countermeasures, including vaccines, being sustainably and equitably available to all children and their communities.
  - ⇒ Independent monitoring mechanisms for compliance with the agreement.

continuing essential services such as education (figure 1). Maintaining a community-focused and multisectoral approach is difficult, but these are key steps for containing, controlling and mitigating public health threats.

A multisectoral approach involving government sectors beyond health is paramount and must not become just another public health cliché. Pandemic preparedness needs to involve Ministries of Social Welfare, Education, Water and Sanitation, as well as Ministries of Health and others. Preparedness plans for multiple public health threats are needed to preserve the continuity of services.

UNICEF's framework is complementary to that of the WHO's document on Health Emergency Preparedness, Response and Resilience, released in May 2023.<sup>8</sup> WHO also includes continuity of education and learning for children within 'community protection' one of five areas to be strengthened. Community protection



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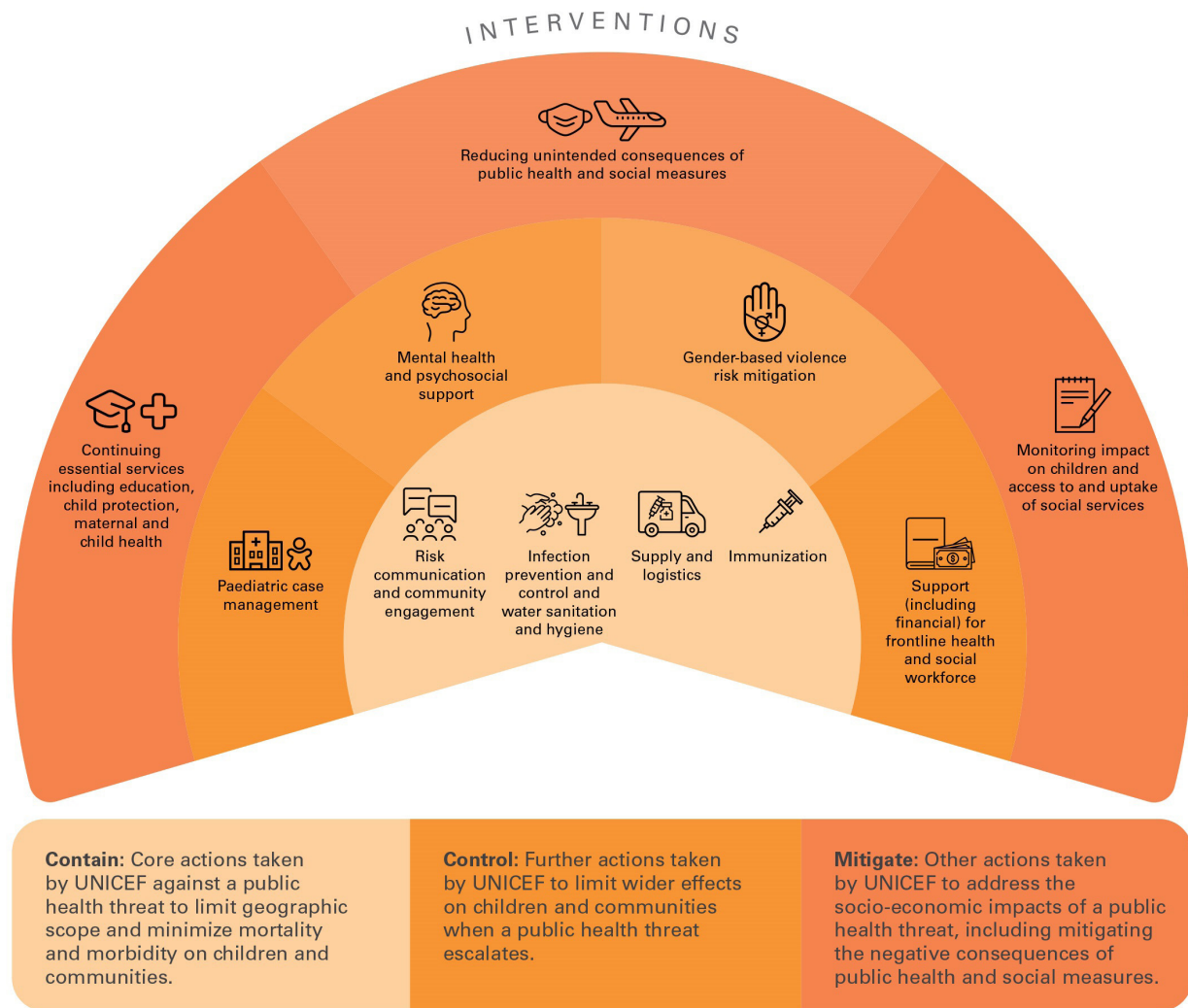
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**Figure 1** UNICEF’s interventions for a multisectoral approach to public health emergencies.<sup>7</sup> Inspired by Dahlgren and Whitehead (1991).

encapsulates locally created, owned and tailored interventions, such as vaccination or vector control, that respond to needs based on evidence and the views of communities. At the heart of this approach is ensuring a multisectoral approach, seeking to avoid a response solely based on health-care and health services. This recognises the wider effects and consequences of public health and social measures on society at large, as seen during Ebola outbreaks, the recent cholera surges and most glaringly in COVID-19, when the education of one billion children was affected.<sup>9</sup>

A bottom-up, community-based approach also needs to be reflected in global preparedness financing. The Pandemic Fund was set up in 2023 to assist countries in strengthening pandemic preparedness and response.<sup>10</sup> A participatory structure facilitates stakeholder engagement, including civil society. This involvement of the different segments of society is necessary to make sure that the approach is grounded in the realities of the situation on the ground. The Fund has, so far, focused on strengthening human resources, surveillance and laboratory systems. The most recent \$500 million call for proposals also encourages a focus on community engagement, gender and equity.<sup>11</sup> This is a step in the right direction

that must continue to protect children and equip communities for increased readiness for public health threats, moving beyond communicable disease control.

The COVID-19 pandemic continues to exert both a medical and psychological impact on populations across the world and we need to learn and change for the next generation. As we seek to harness the momentum gained during and in the wake of the pandemic, it is important to emphasise the effects of public health emergencies on children and their communities so they are better protected during the next pandemic.

While UNICEF and partners are scaling up their capacities to better prepare and respond to public health emergencies, the global health architecture also has to be reformed to facilitate strengthened preparedness and response.

In December 2021, the World Health Assembly launched a process to develop a global accord on pandemic prevention, preparedness and response.<sup>12</sup> The Pandemic Agreement has the potential to be an authoritative international instrument to help countries prepare more comprehensively to respond to public health emergencies and pandemics. The aim is

for the Pandemic Agreement to be launched at the World Health Assembly in May 2024.<sup>13</sup>

Yet, the agreement does not sufficiently consider the effects of pandemics on children and the appropriate preparedness and response measures needed. It is important moving forward that the agreement lead to the best interests of the child being of primary consideration, as expressed in Article 3 of the Convention on the Rights of the Child.<sup>14</sup>

Three issues are critical to realising this goal. First, the Convention on the Rights of the Child should be upheld in pandemic prevention and response efforts. Second, medical countermeasures need to be sustainably available to all children and their communities. This requires, among other steps, an increase in local production coupled with technology transfers in advance of a pandemic to ensure access to quality commodities. This approach will support equitable and sustainable access to lifesaving commodities and medical countermeasures, including vaccines, by facilitating more rapid access to quality products from a larger pool of manufacturers. Finally, independent monitoring mechanisms for compliance with the agreement should be established to ensure improved surveillance of public health threats and to assess whether children and their communities will be adequately protected.

Addressing the UNICEF executive board in February 2021, the WHO Director General, in light of the two organisations' fight against the COVID-19 pandemic, said: '*History will not judge us solely by how we ended the COVID-19 pandemic, but what we learned, what we changed, and the future we left our children.*'<sup>15</sup>

This is the time when we face history in the making and that time needs to be defined by putting the best interests of the child as a primary consideration in pandemic preparedness and response.

**Contributors** DJN wrote the first draft of the manuscript, edited subsequent versions and approved the final manuscript. TC, LP and JP reviewed/revised versions of the manuscript and approved the final version.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Disclaimer** The opinions expressed in this paper are solely those of the authors and do not necessarily represent the official position of UNICEF.

**Competing interests** None declared.

**Patient consent for publication** Not applicable.

**Ethics approval** Not applicable.

**Provenance and peer review** Not commissioned; internally peer reviewed.

**Data availability statement** There are no data in this work.

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