Narrative
Pandemics have no borders. Every country—from low to high-income—is infected with COVID-19. People are getting sick and people are dying. Globally, we are fighting the same battle and we are racing against the same clock. In our collective attempt to stop the spread and find a cure we must not lose sight of those most in need, those who will be disproportionately affected, those that are often left behind and the communities that are less equipped to take on this virus.

We have seen in past pandemics that too often, women – along with children, adolescents and the most vulnerable – haven’t received their fair share of resources and services. The most vulnerable populations have been excluded from decision-making, their needs have too often been overlooked when it comes to emergency services, and the resources for those emergency services have too often come disproportionately at their expense. The Ebola epidemic in Africa, for instance, reduced the capacity of already fragile health systems, and led to a spike in preventable deaths for women, children and adolescents. A report from Liberia indicated that the proportion of women delivering babies with a skilled health care provider declined from 52 percent in 2013 to only 37 percent between May and August 2014. How do we stop history from repeating itself now for women, children and adolescents?

The experience of COVID-19 is a clarion call for action: It urges us to address critical gaps in primary health care, build stronger partnerships for action, and leave no one behind. The survival, health and well-being of women, children and
adolescents is essential to ending extreme poverty, promoting development and resilience, and on delivering on the 2030 Sustainable Development Goals.

Through multisectoral action—the whole of society and the whole of government— and global solidarity, we will stop COVID-19. We have seen strong partnerships emerge around the world between governments, health services, charitable foundations, the private sector and civil society at large. And we are inspired by the stories of social resilience and innovation when health systems are weak — neighbourhood watch systems of solidarity; rising use of telemedicine; hotels as safe birthing centres; grocery stores and pharmacies that promote helplines for domestic violence and abuse. There are countless examples of innovation that are influencing health now, and for the future.

Pandemics expose the lack of equity and fairness in our societies. Yet times of crisis also provide a chance to address the imbalance and to build stronger and more resilient health systems and partnerships. Healthy and empowered women, children and adolescents can bring about the change needed to create a sustainable future for all. The care they receive must be prioritised in the COVID-19 response and beyond to achieve our goal of transforming the future and ensuring every newborn, mother and child not only survives, but thrives. Collectively, we must seize the moment to work together to provide essential health interventions to women, children and adolescents. We also need a strong focus on quality of care, equity and dignity, and greater action and solidarity in fragile and humanitarian settings. United, we will stop COVID-19 and continue progress to achieving the SDGs and the UN Secretary General’s Global Strategy for Women’s, Children’s and Adolescents’ Health. Let us continue to stand together, to speak with one voice, and to focus on action—not fear.

The Partnership for Maternal, Newborn & Child Health is working closely with The United Nation Secretary General’s Every Woman Every Child and partner organizations to disseminate evidence-based COVID-19 resources, tools, and information, focused on the health of women, children and adolescents.


https://www.everywomaneverychild.org/what-you-need-to-know-about-covid-19/

Join the conversation #ForEveryWomanChildAdolescent on social media.