

NATA 2 min INTERVENTION on the Impact of armed conflict on children

- Excellencies, panelists, thank you for convening this important meeting today.
- As the 1996 Machel Report declared, “War violates every right of the child—the right to life: the right to be with family and community, the right to health, the right to development of the personality and the right to be nurtured and protected.”
- The way children are treated and cared for today will have major consequences on society tomorrow: **Healthy early child development** — which includes the physical, social/emotional, and language/cognitive domains of development—strongly influences well-being, obesity/stunting, mental health, heart disease, competence in literacy and numeracy, criminality, and economic participation throughout life.
- Addressing health needs during emergencies with life-saving health care services is challenging, and **attacks on health care** are among the greatest barriers faced.
- Attacks not only endanger health care providers, they also deprive children of urgently needed care when they need it most. For example, since the start of the Mosul crisis in Iraq, four hospitals including maternity and pediatric and 3 Primary Health Care Centers have been destroyed or damaged in the city and remain non-functional.
- Indeed health needs in a conflict are not just the immediate effects of war, but also the long term risks of diseases, communicable and noncommunicable, which may be increased due to the breakdown of social systems.
- For example, today more than 2 million children in Yemen are acutely malnourished, and one of the leading causes of civilian deaths in the conflict is not trauma injuries, but mothers and children dying due to lack of routine health services. With less than 40% of all children in Yemen immunized, those who suffer from malnutrition are also more vulnerable to infectious diseases such as pneumonia, diarrhea, malaria and measles.
- Reproductive health is also an integral part of the emergency response, as an estimated 26 million women and girls of reproductive age live in

emergency situations and more than 53% of under-five deaths and 45% of newborn deaths take place in fragile settings.

- **Refugees/Migrants:** Internally displaced and refugee children face additional health risks while fleeing their homes or in transit.
- Families and children not in possession of needed documentation, perhaps due to a lack of birth registration, may face barriers in accessing health services.
- Children are particularly susceptible to respiratory infections and gastrointestinal illnesses because of poor living conditions, suboptimal hygiene and deprivation during migration. Physical and mental stress and deprivation due to lack of housing, food and clean water increase refugees' risk for respiratory infections. Influenza is a particular concern for children and WHO supports policies to provide seasonal influenza vaccine to risk groups, irrespective of their legal status.
- With the average length of displacement owing to war and persecution being 17 years, it is important that this group is not left behind.
- Children fleeing or living in conflict settings, many unaccompanied, are particularly vulnerable to violence in all its forms and recruitment to becoming child soldiers.
- In this regard it is essential to understand the gendered experiences of the child, both for boys and girls, the special needs depending on the age, such as in the case of young adolescents, and the causes and consequences of the violence, such as HIV/AIDs or unwanted pregnancies in cases of sexual violence.
- It is also important to note the high levels of “day-to-day” violence against children which is already occurring in all societies, currently estimated at 1 billion, and which are likely to be exacerbated in situations of conflict. In such instances the violence is not directly related to armed actors, but perpetrated by families and neighbours in conflict settings, and as a result may continue after the conflict ends.
- Last year WHO and partners launched: INSPIRE: seven interlinked strategies for ending violence against children, which identifies a select group of strategies that have shown success in reducing violence against children,

and which could also be applied in settings affected by conflict. The seven strategies are: Implementation and enforcement of laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; Response and support services; and Education and life skills.

- Many of the greatest scars of war you cannot see. Exposure to extreme stressors and trauma such as violence and armed conflict is a risk factor for mental health and social problems.
- In order to prevent and treat mental disorders, a strong and effective healthcare response is critical, in particular educating and training first responders and health workers, as well as effective rehabilitation and reintegration.
- Mental health, the theme of this year's World Health Day in April is crucial to the overall well-being, functioning, and resilience of individuals, societies, and countries recovering from emergencies.
- Colleagues, to care for the physical, mental and social well-being of a child today is one of the greatest investments we can do towards achieving the SDGs tomorrow. In all settings, we must not only protect, but heal and support children so that they can reach their full potential.