

**Keynote address**

**The Partnership for Maternal, Newborn & Child Health and the CORE Group  
*Lives in the Balance: COVID-19 Summit on Women's, Children's and  
Adolescents'*  
Health and Well-Being  
1 July 2020**

Excellencies, dear colleagues and friends,

It is a pleasure to be able to open this two-day summit on the impact of COVID-19 on women's, children's, and adolescents' health and well-being.

My thanks to the Partnership for Maternal, Newborn & Child Health and the Core Group for organizing this important initiative, and especially to the Right Honourable Helen Clark, Lisa Hilmi, and Helga Fogstad.

The COVID-19 response is an example of why we need multi-stakeholder platforms where health professionals, academia, youth, the UN, donors, and civil society can all come together.

This event speaks to the power of partnership and how we can work together to address this global threat.

COVID-19 magnifies the inequalities and vulnerabilities that many women, children and adolescents already face.

Countries are reporting disruptions across health services such as routine immunization, family planning, antenatal care, services for sick children, and management of malnutrition, to name but a few.

In low and middle-income countries, millions of babies are missing out on vital vaccinations against dangerous childhood diseases.

According to data collected by WHO, UNICEF, Gavi and the Sabin Vaccine Institute, provision of routine immunization services has been substantially disrupted in at least 68 countries, putting an estimated 80 million children under 1 at risk of diphtheria, measles, polio and other potentially fatal diseases.

Our surveys have found that about half of countries have disruptions to community, outpatient, and inpatient services.

The pandemic has also highlighted structural inequities for people with underlying conditions, which if not addressed could result in diabetes and cardiovascular problems later in life.

Some inequalities are magnified by the response itself.

Low income families may not be able to access critical services that have been shifted online, such as health services and schooling, nor will they be able to access private care and medicines supplies the way wealthier families can.

So-called lockdowns are also affecting the provision of mental health services, which are especially important during this crisis.

Basic nutrition, too, is being impacted. Many children that rely on school meals will now be missing out on lunch and sometimes breakfast as well.

People with disabilities - about 15% of the world's population – will be especially vulnerable. Women and girls with disabilities, in particular, experience multiple and intersecting forms of discrimination and exclusion.

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Dear colleagues and friends,

I will leave you with three areas that require our focus:

First, we need to advocate for an intersectoral approach informed by rights-based and gender-responsive laws, policies and services in our different responses to COVID-19.

Second, we need to address the gaps in countries where routine data systems have collapsed, which hampers our ability to assess and respond to the impact of the pandemic on low-income families.

Third, we must focus our attention on the most vulnerable populations – especially those in humanitarian situations – who are being overlooked in the response.

In a few minutes, my sister and PMNCH Board Chair, Helen Clark will launch a very important advocacy framework.

On behalf of WHO, I stand behind all partners - civil society, health professionals, the private sector, young people and more - in advancing the PMNCH Call to Action on COVID-19.

Please join us in this urgent, rallying call to leave no women, children or adolescents behind in our response to this pandemic.

Only through our continued dedication, solidarity, and commitment to working together will we overcome this global challenge.

I look forward to hearing the outcome of the Summit.

I thank you.

[575 words]