

Children of war: urgent action is needed to save a generation

Images, especially those published in mass and social media, paint a picture that no text or description can capture. Nowhere is this as evident as in recent wars where conflict has frequently had a child's face, often going viral across the world. From the fear and intensity in the eyes of the war orphan Sharbat Gula from Afghanistan,¹ to the sight of poor Alan Kurdi lying dead on a Turkish beach,² to the ashen faced Omran Dagnish who was pulled from the debris following an airstrike in Aleppo,³ children have been the most egregious victims of conflict. The recent report from the UN Secretary General⁴ paints a bleak picture of systematic abuse and violation of every existing regulation for the protection and safeguarding of children and families across a wide range of countries that are experiencing acute and long-standing conflict. Children continue to be affected disproportionately by widespread conflict and, given their vulnerability, often bear much more long-term consequences than adults.

Although accurate mortality and morbidity statistics on the effect of war on children are hard to come by, over 1 billion children under the age of 18 live in countries affected by armed conflict. Some estimates suggest that over a third of all current maternal and child deaths occur in countries that are directly or indirectly affected by conflict or that have sizeable refugee populations.⁵ The UN High Commission for Refugees (UNHCR) was established over 60 years ago with the aim of protecting refugees in the wake of World War 2. At the time, there were an estimated 1.5 million refugees and displaced persons globally. By contrast, the most recent report of the UNHCR states that the number of people forcibly displaced at the end of 2014 had risen to a staggering 59.5 million,

compared with 37.5 million in 2004.⁶ Of these, 19.5 million people were newly displaced in 2014 and half of all refugees were children.⁶ A recent analysis of the burden of disease in the Middle East suggests that the recent crises in Egypt, Yemen, Libya, and Syria have resulted in a reduction in life expectancy. In addition, review of the data from 1990–2013 indicates that if not for the conflict, life expectancy in Syria would have been 5 years higher for women and 6 years higher for men.⁷

Children suffer the consequences of war and conflict in several ways, including as part of affected communities that are at risk of death and injuries and as a vulnerable group that is especially at risk of adverse and long-term developmental consequences. As a direct measure of such outcomes, various estimates of injuries and deaths following violence in Iraq between 2003 and 2010 showed that children comprised 15% of all deaths from suicide bombings.⁸ Children, moreover, often experienced much more severe physical injuries and physiological consequences following blast injuries in Iraq and Afghanistan than adult victims.⁹ Perhaps even more concerning are the very high risks of disabling lifelong mental and emotional consequences among survivors and children who have witnessed such violence or have been displaced by it. A recent systematic review of 35 studies examined the effects of exposure to war, conflict, and terrorism on young children and revealed a wide array of consequences including post-traumatic stress symptoms, psychosomatic symptoms, disturbed play, and behavioural, emotional, and sleep problems.¹⁰ These mental health risks following exposure to war and conflict are also seen among displaced populations and among refugees.

Sadly, these risks among vulnerable children have also been accompanied by the widespread use of children as child soldiers and suicide bombers,

an abominable form of coercion, brainwashing, and child abuse. In addition to attacks on civilian populations, the problem is made much worse by the cowardly use of civilian populations as human shields and widespread blending of fighters among civilians. These problems are compounded by the recent atrocious aerial bombardment of hospitals and health-care providers in Afghanistan, Yemen, and Syria, severely impacting the already stretched and limited health services for families and children.

What can and should be done? We, the representatives of two major global associations of paediatric health professionals—the International Pediatric Association (IPA) and the multidisciplinary International Society for Prevention of Child Abuse & Neglect (ISPCAN)—express our strongest condemnation of the failure of warring factions globally to protect the rights of women and children. 20 years following the landmark commission on children in conflict led by Graca Machel,¹¹ the atrocities being committed against children continue unabated. This must stop.

The UN Convention on the Rights of the Child, which all countries of the world have signed, must be fully implemented in letter and spirit. We call upon the UN Secretary General to take the strongest action possible for protecting children and families in conflict zones and for ensuring that displaced and at-risk families receive the fullest support possible for addressing their immediate needs. We urge the UN agencies and global community to recognise the risk of a lost generation in many countries as a consequence of the current wars and displaced families, and to ensure that adequate facilities and support for mental health and long-term psychosocial support are provided to all families in need.¹² Health-care workers and facilities must be absolutely protected by all factions and depoliticised. The scores



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Published Online
September 5, 2016
[http://dx.doi.org/10.1016/S0140-6736\(16\)31577-X](http://dx.doi.org/10.1016/S0140-6736(16)31577-X)

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of children being killed and maimed every day cannot wait for the politics of Brexit and US elections to settle or for the European Union to figure out a response to the millions of refugees in its midst. The time for action is now.

We declare no competing interests.

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