

Prioritising displaced children in the global refugee agenda



The Third Global Consultation on the Health of Refugees and Migrants kicked off in June, 2023, with the adoption of the Rabat Declaration, an expression of heightened commitment from the UN towards refugees and migrants through more inclusive national health policies. Though only signed by 30 Member States, the Declaration dovetails the 76th World Health Assembly's extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 [to 2030](#). Regrettably, the Declaration does not reflect the needs of children who are increasingly and disproportionately affected by displacement, nor does it consider that most displaced children who are forced to flee never cross an international border.

Children and adolescents aged 0–18 years account for 30% of the world's population but more than 40% of all forcibly displaced people. By the end of 2022, 43·3 million children were forcibly displaced from their homes because of violence and conflict—the highest number on record. Nearly 60% of these children (25·8 million) were displaced within their country borders, with most living in conflict-ridden Democratic Republic of the Congo, Syria, and Afghanistan. This year, an additional 1·4 million children in Sudan have fled their homes. Children are also being displaced because of natural disasters or economic losses related to climate change. More than 1 million children in Somalia have left their homes because of drought and flooding since the beginning of 2023.

Many displaced families find temporary shelter in urban areas. With unreliable income, most struggle to secure housing, food, and clean water. Discrimination and stigma create barriers to health-care services, especially for those who are not in humanitarian aid camps, leaving children without vaccines and protection against preventable diseases. Children with chronic conditions and disabilities often struggle to access medication, care, and support. Malnutrition and losing access to education further exacerbate the risks to children's health and development. Profound safeguarding risks and trauma arise from physical, mental, and sexual abuse as children, especially those unaccompanied and separated from their families, become exposed to gangs and armed groups, violence, radicalisation, and trafficking. Internally displaced children have additional vulnerabilities and needs stemming not just from being uprooted and

separated from their support networks, but also because they often live near frontlines of crises, in countries with few resources and struggling health systems.

Humanitarian efforts by many governments and international organisations are critical to meeting the immediate health needs of displaced children. But forced displacement is far from temporary, lasting (on average) a decade for internally displaced people and two decades for refugees. The Rabat Declaration acknowledges the need for child-sensitive strategies, but the sheer number of children today who will spend most—if not all—of their childhood in displacement demands that any strategy to improve the health of refugees and migrants prioritises children. This strategy must be built on a sensitive understanding of children's developmental needs and intergenerational health implications of long-term displacement. The absolute basic to achieving a holistic and sustainable solution to the crisis is to prioritise children's health, education, and social protection.

Child health professionals have a pivotal role in delivering this solution. There is an urgent need for data on burden and causes of diseases that are disaggregated by age, sex, and other ways to spotlight inequalities among displaced children. Research is needed to lower barriers to accessing health clinics, understand diagnostic difficulties, and design durable interventions. We need to understand the mental health and psychosocial support needs of children with traumatic experiences. This is especially hard when displaced people settle in urban, non-camp settings in fragile states. The new Centre for Paediatric Blast Injury Studies in London, UK, is an example of collaborative research that addresses the acute and long-term needs of children with blast injuries. Finally, clinicians have a role in the humanitarian–development–peace nexus. From local clinics to discussions at the government or UN level, paediatricians can advocate for children and bridge the community divides that prevent children from realising their rights.

As countries prepare for the Global Refugee Forum in December, they must consider the unique needs of displaced children—including those displaced internally, disadvantaged, or with disabilities—in all initiatives and policies, to ensure that no one is left behind.

■ *The Lancet Child & Adolescent Health*



Ananad Sileshi/Contributor/Getty Images

For the **Rabat Declaration** see <https://www.who.int/news/item/16-06-2023-rabat-declaration-adopted-to-improve-refugee-and-migrant-health>

For more on the **extension of the global action plan** see [https://apps.who.int/gb/ebwha/pdf_files/EB152/B152\(17\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB152/B152(17)-en.pdf)

For **UNICEF figures on child displacement** see <https://www.unicef.org/press-releases/number-displaced-children-reaches-new-high-433-million>

For more on **children and the Sudan crisis** see [Comment](#) page 525

For more on **disaggregated child data** see [Comment Lancet](#) 2023; **401**: 1321–23

For more on how **paediatricians can advocate** see [Comment Lancet Child Adol](#) 2023; **7**: 445–47