

# Urgent Action

to Overcome the Threat  
of COVID-19-Associated  
Orphanhood and  
Caregiver Death



***There can be no keener revelation of a society's soul than the way in which it treats its children. Nelson Mandela, 8 May 1995***

**Summary**

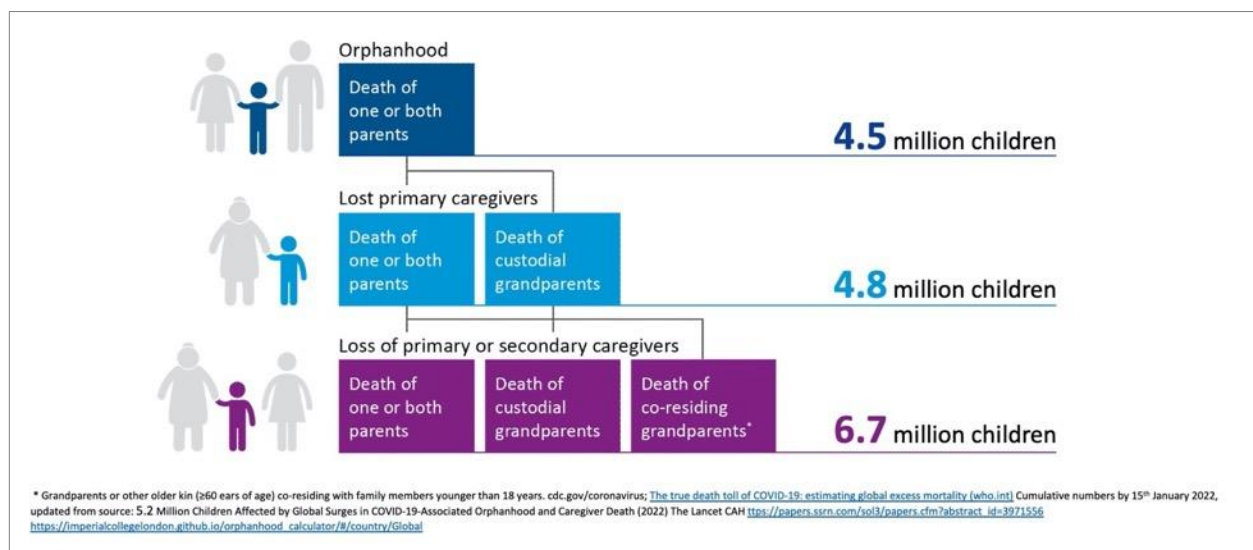
6.7 million children have suffered from COVID-19-associated orphanhood and caregiver death in the past two years. This number is rapidly growing: every 6 seconds another child loses a parent or caregiver. The U.S. Government is uniquely positioned to rally the world to protect these children from extreme threats, which is why we propose that the Biden Administration:

- Leverage the U.S.-hosted Global COVID-19 Summit this spring to incorporate care for COVID-19 orphans in the “Save Lives Now” pillar of the global response;
- Advocate for all countries to include care for affected children as a matter of policy in their COVID-19 strategies; and
- Lead by example by investing an incremental \$1.5bn over five years through existing USAID and PEPFAR platforms to help protect 2.4 million COVID-19 orphans in 15 high-burden countries in sub-Saharan Africa.

**The Urgent Need to Address Orphanhood and Caregiver Loss in the COVID-19 Response**

**By January 15, 2022, the COVID-19 pandemic had left over 6.7 million children bereaved of a parent or a grandparent caregiver** who lived in their homes and was responsible for their needs and nurture (Figure 1). Of these, 4.8 million lost a primary caregiver, including one or both parents, and an alarming proportion were orphaned a second time, having previously lost one or both parents to HIV/AIDS, injury, or other causes of death. These children face extreme threats, including abuse, violence, and high-risk sexual behavior. Risks of these adverse consequences increase when breadwinners die – a sobering fact given that 75 percent of COVID-19-associated orphanhood involves paternal death. Similarly, these risks increase for adolescents – and 2 of 3 children orphaned by COVID-19 are ages 10-17.

Figure 1: Global minimum estimates of children affected by COVID-19-associated orphanhood and caregiver loss, January 2022



**COVID-19-associated orphanhood and caregiver loss are increasing at unparalleled speed.** In the HIV/AIDS pandemic, it took 10 years for 5 million children to become orphaned; in the COVID-19 pandemic, it has taken only 2 years for more than 5 million children to be orphaned. Recent data show in the 6 months from May 1, 2021 – October 30, 2021, the number of children experiencing orphanhood nearly doubled compared to the previous 14 months (March 1, 2020– April 30, 2021). These same data show that for every 1 reported COVID-19 death, at least 1 child experiences orphanhood or caregiver death. Equitable vaccine coverage can slow the rates of caregiver deaths, but the numbers of children affected by orphanhood due to COVID-19 will continue to rise. Increases in mortality of parents and caregivers are accompanied by increases in extreme vulnerability from loss of livelihoods, schooling, health, and usual sources of service provision and support. Evidence clearly shows that children need safe and loving family-based care. Most children losing a parent or caregiver to COVID-19 have a living relative who, with adequate support, could care for them. It is now more critical than ever to direct resources to ensure that each affected child receives the clear and well-established benefits of a supported, safe, and nurturing family – and does not end up in institutional residential care.

### [Leverage the Upcoming Global COVID-19 Summit to Address the COVID-19 Orphan Crisis](#)

The current global COVID-19 response framework fails to recognize the growing crisis of COVID-19-associated orphanhood and caregiver death. As a result, **billions of needed dollars are being spent to prevent COVID-19 deaths; nothing is being done to protect the children left behind. The United States is uniquely positioned to change this dynamic** by leveraging the US-hosted Summit this spring to incorporate care for children affected by COVID-19-associated orphanhood into the “Save Lives Now” pillar of the global response. This will not only ensure that these children are protected from extreme threats, but also help to ensure that they are appropriately incorporated into vaccination and treatment strategies.

Specifically, the United States should advocate for including in the “Save Lives Now” pillar the following target:

- Provide protection and care for the more than 6.7 million children who have suffered from COVID-19-associated orphanhood and caregiver death, focusing on high-burden (> 25,000 orphans) LMICs.

### [Extend USAID and PEPFAR Platforms to Save Lives Now](#)

The U.S is the foremost provider of care for orphaned and vulnerable children (OVC) globally. As a result, **the USG is positioned to lead by example, and can galvanize global action through incremental extension of USAID’s and PEPFAR’s already robust OVC infrastructure** to protect children affected by COVID-19-associated orphanhood in targeted high-burden countries. This will entail investment in the same forms of evidence-based solutions that the U.S. has pioneered and sustained for HIV/AIDS-associated orphans and vulnerable children. Such investments will enable this pandemic’s orphaned children to avoid the consequential risks of damage, and instead, through timely intervention, progress to adulthood with their promising potential intact.

**Combination pandemic investment in vaccines, testing, treatment, and care for orphaned and vulnerable children will protect all ages from adverse impacts.** Data from the *Global Reference Group on Children Affected by COVID-19* shows the global number of children orphaned by COVID-19 exploded from 2020 to 2021, as seen in the blue bars (Figure 2). Also seen in the purple bars is PEPFAR’s marked impact,

as it led to a rapid decline in the numbers of children newly experiencing orphanhood from HIV/AIDS each year – by keeping their parents alive through life-saving treatment. Despite PEPFAR’s incredible success the legacy of the AIDS pandemic’s most destructive period lives on in the over 15 million children alive today who have lost a father, mother, or both parents, to AIDS. Many orphans due to AIDS live in countries where orphanhood is rising again due to COVID-19. Building on PEPFAR’s continued supportive care and infrastructure for children entering the growing cumulative orphanhood pool because of COVID, is both strategic and cost-effective.

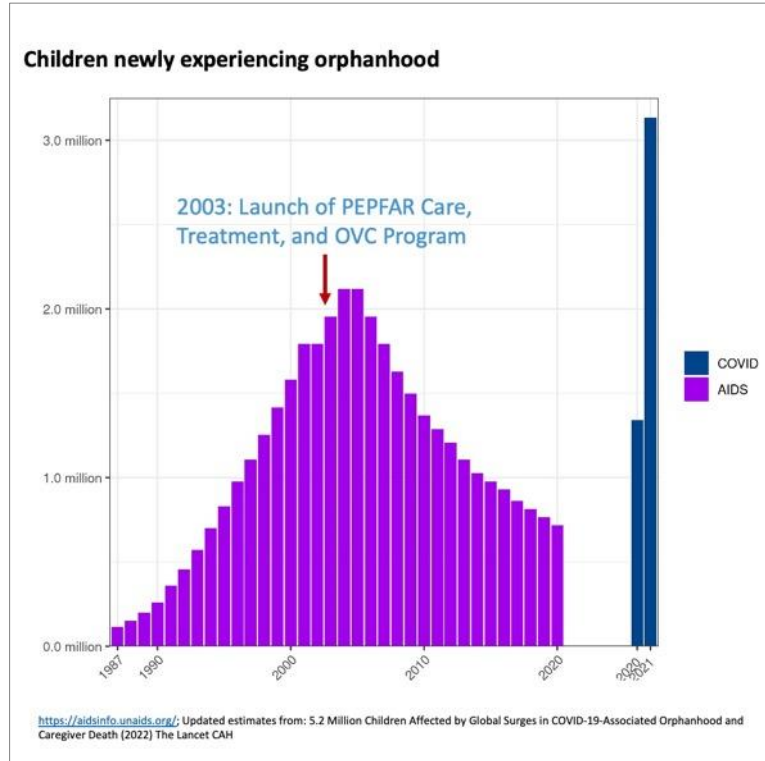


Figure 2: Trends in incidence of children orphaned by HIV/AIDS and by COVID-19.

### Target High-Burden Countries in Sub-Saharan Africa

U.S.-supported platforms, including PEPFAR Orphans and Vulnerable Children and USAID Displaced Children and Orphans Fund, have demonstrated capacity to serve orphaned and vulnerable children in high-burden countries. Of the 25 high-burden countries having > 25,000 children newly orphaned by COVID-19 in 2020-2021, 15 are in sub-Saharan Africa (South Africa, Ethiopia, Zimbabwe, Kenya, Zambia, Uganda, Namibia, Nigeria, Malawi, Mozambique, Angola, Senegal, Ghana, Eswatini, Lesotho). These countries have strong PEPFAR, USAID, and CDC programs that could be leveraged to engage NGOs, FBOs, governments, and donors in caring for these children. Many of these 15 countries are already hard-hit by dual threats of HIV and COVID-19. Thus, USG programs have already integrated COVID-19 response priorities – testing, contact tracing, and vaccine linkages – into programming, and are well-positioned to optimize incremental investments to support children affected by COVID-19-associated orphanhood and vulnerability.

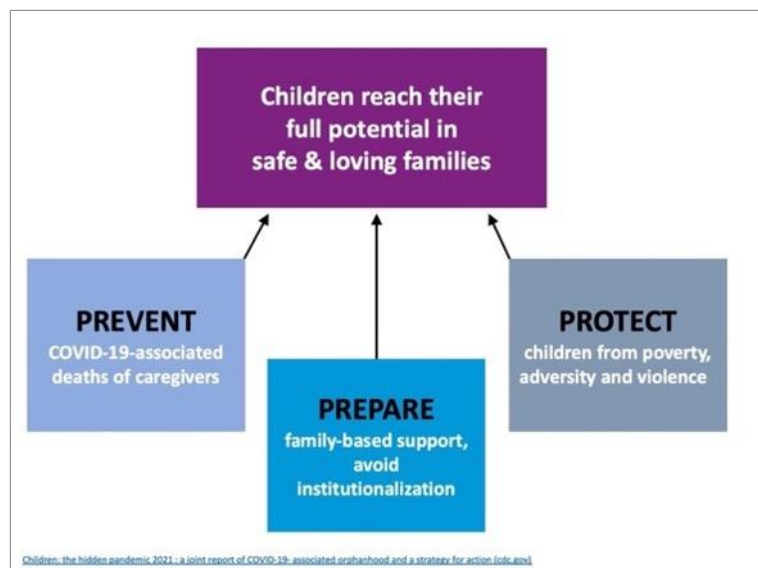


Figure 3: Care for COVID-19-affected children

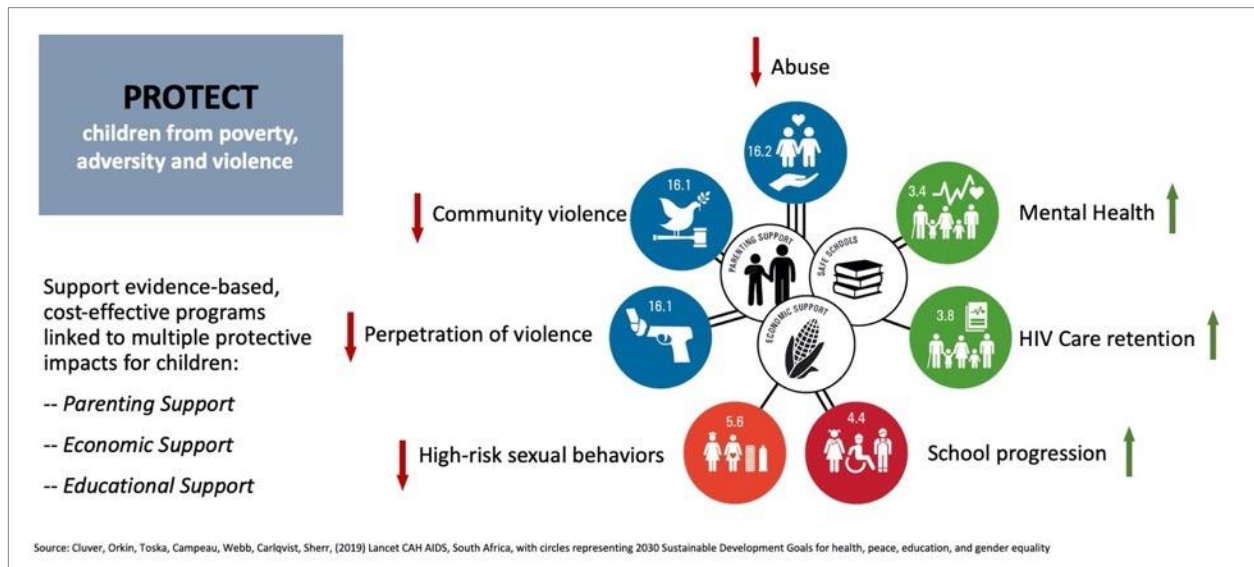
These programs can be effectively configured around three prongs as visualized in Figure 3:

- **Prevent** COVID-19–associated death of caregivers by accelerating equitable vaccine coverage, testing and treatment, and mitigation.
- **Prepare** safe and loving family-based care support services.
- **Protect** children through evidence-based strategies that address orphaned children’s risks of adversity and violence and strengthen their recovery.

In alignment with global COVID-19 efforts to support vaccine access and uptake, our **Prevent** focus seeks to engender vaccine confidence for parents and caregivers into all programs. Our focus for **Prepare** seeks to sustain safe and loving family care for children and avoid the multiple risks of institutionalization. Our final focus, **Protect**, is essential in enabling families to care for orphaned and vulnerable children through the combination of accessible parenting support, inclusive children’s education, and household economic strengthening.

The diagram in Figure 4 illustrates research on HIV/AIDS-affected children in South Africa, which emerging evidence on COVID-19-affected children confirms. We see that layered family, economic, and educational support **protects** children from abuse, violence perpetration, and HIV-risk behaviors, and improves education, mental health, and HIV healthcare access. The color-coded circles represent contributions of such programming to the 2030 Sustainable Development Goals, with benefits to health, education, gender equality, and peace and justice.

Figure 4: Evidence-based programs



The *Global Reference Group on Children Affected by COVID-19* has modelled the costs of scaling the components of the “Prevent, Prepare, Protect” approach, using Imperial and Oxford University scenarios providing estimates for the global number of children orphaned due to COVID-19. This number will grow to nearly 9 million by 2026, as shown in Figure 5. Of this total, 2.4 million orphaned children will live in

the 15 high-burden African countries where USAID and PEPFAR already have strong OVC programming. As a result, **by investing an incremental \$1.5bn over five years (of a needed \$5.4bn) in existing USAID and PEPFAR platforms, the U.S. can help protect 2.4 million children who have lost their parents and caregivers** by supporting programs that strengthen families and family-based care. This investment – **beginning with \$320m in the FY23 Budget or a COVID-19 supplemental** – would galvanize and leverage remaining support from the World Bank, governments, and other donors.

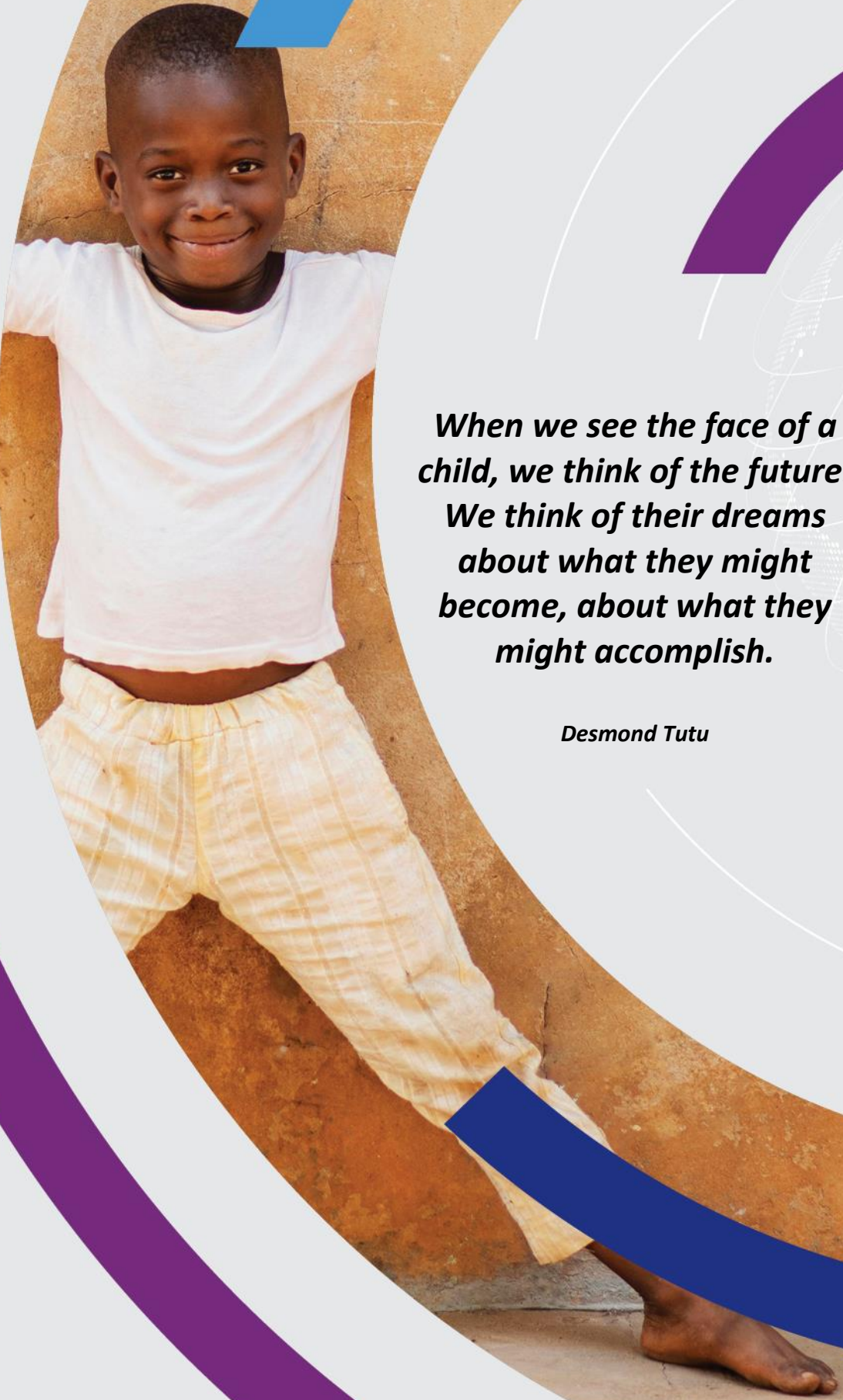
Figure 5: Scenario for Increases in Children Affected by COVID-19-associated Orphanhood, 2022-2026, for Planning Purposes



## Forward Steps

COVID-19 has led to deaths on the scale of a global war. The secondary impacts of the pandemic have hit hardest those with the least capacity to cope – the 6.7 million children left behind due to COVID-19-associated orphanhood and caregiver death.

The Global COVID-19 Summit this spring presents the United States with an unparalleled opportunity to shine the light of global attention on these hidden victims of the pandemic. The Administration should seize this opportunity by spearheading an effort to incorporate care for children orphaned due to COVID-19 in the “Save Lives Now” pillar of the global response, and galvanize global action by announcing an investment to extend USAID and PEPFAR programming to help protect 2.4 million affected children in 15 high-burden countries in sub-Saharan Africa. This will position the United States to lead by example, turning compassion into action.



***When we see the face of a  
child, we think of the future.  
We think of their dreams  
about what they might  
become, about what they  
might accomplish.***

***Desmond Tutu***