The collateral effects of the COVID-19 pandemic have hit hard on children's health and wellbeing globally. Children are disproportionally affected by indirect impacts such as school closures, violence and increased vulnerability. In the Swedish context, reports of abuse and concern have increased, and the pandemic’s indirect effects have hit the hardest on children in socioeconomically vulnerable areas. While COVID-19 has pressured health systems and showcased risks of long-term damage to the young population, it also provides an opportunity in motivating for change and the possibility to disrupt siloed approaches, creating an opportunity to Build Back Better and beyond. However, lacking the intersectoral collaboration and action needed, COVID-19 may set negative trends in motion for a long time to come.

In this background document, we have started to explore tools and ideas for intersectoral collaboration, recognising the diverse determinants of health in the efforts to Build Back Better for children's health and wellbeing in the COVID-19 era. There is a need for multi-stakeholder engagement and collaboration concerning children's food environment, social environment, and physical environment, chosen as illustrative examples.

1. **The global context and the SDGs**

International action and economic development have brought about rapid improvements in children's health and wellbeing over the last half-century, but inequalities remain globally as well as nationally. Current and constant effects on children's wellbeing are found in various areas, including climate change and biodiversity loss, issues that will only grow to uncontrollable proportions. Before the start of the COVID-19 pandemic, numbers showed that 15,000 children under the age of five die daily, mainly from preventable causes and that 144 million are suffering from chronic undernutrition. Predictions suggest that environmental crises and conflicts risk 2.3 billion people living in fragile or conflict-affected contexts by 2030. We are now in a situation even more difficult. Indirect effects of the COVID-19 pandemic, including the halting of vaccinations and access to primary health care, prove immeasurable threats to children's health. A study presenting scenarios of the pandemic's effect on children in 118 low- and middle-income countries estimates in its worst-case scenario an additional 6,000 under-five deaths every day due to the disruption of health systems and decreased access to food. Increased food insecurity and disruption of essential health services, domestic violence, school closures, post-traumatic stress, separation, loss, and other indirect effects present real threats to children and youth. Global organisations warn about a
"hunger pandemic" and a "shadow pandemic" on women and girls' increased exposure to violence. Clark et al. write: "Children's futures are at risk, especially those who are poor, female, disabled, indigenous, from racial, ethnic, and sexual minorities, or are otherwise vulnerable in unequal societies."

Selected relevant papers on child health and wellbeing were published just before the beginning of the pandemic: "Placing Children at the Centre of the SDGs: Road Map on Global Child Health" emphasise that there is a need to broaden the focus of ill health to a holistic perspective for children’s rights; widening the focus from survival to wellbeing and for children to thrive throughout their life course; taking into account physical, mental and social factors throughout all age groups. The Lancet-WHO-UNICEF Commission report “A future for the world’s children” states that today’s children face uncertain futures; climate change, ecological degradation, food insecurity, migration, conflict, gender inequalities, inequities and commercial interests presenting layered conflicts for the wellbeing of future generations. It is highlighted that multisectoral collaboration for improving children’s health and wellbeing is essential since threats originate throughout all sectors; commercial, economic, political and social determinants playing into the state of health and wellbeing.

2. The Swedish context and the three selected environments/dimensions

The Statistics Sweden report "Leave no one behind " published in 2020 presents the progress on the 2030 Agenda in Sweden. It states that children's health is not equal in Sweden, and more girls than boys are experiencing ill health, including mental health issues. Socioeconomic segregation has increased in Sweden since the 1990s, and the COVID-19 pandemic further increases this segregation, with studies showing similar cases in Sweden as globally: the indirect effects of the pandemic hit hardest on the already most vulnerable. Below follows a brief description of the situation regarding our three illustrative examples of the food, the social and the physical environment in the Swedish context.

Food environment

Food insecurity has increased in the world since 2014. In 2019, 144 million globally were stunted due to a lack of nutritious food, affecting their cognitive capacity and quality of life as adults. Even if the number has decreased over the last years, the reduction rate is far below the SDG target for 2030; if the current trend is maintained, this target will not be met until 2043. In the Swedish context, overweight and obesity are on the rise: The proportion of school-aged children with overweight or obesity has doubled over the past 30 years. However, there is a surprising lack of data regarding food/nutrition for children regarding progress on the 2030 Agenda and the pandemic's effects in Sweden. In the US, scholars state that the pandemic has doubled the number of households with food-insecure children, from 14% to 28%, due to school closures and high unemployment, with communities of colour most affected. These global inequalities showcase the need to work glocally (globally and locally) towards Building Back Better– transforming food systems into healthy diets for children and battle inequalities, increasing resilience.

The disruption of education also impacts children's nutrition. School lunches in Sweden were introduced over 100 years ago and are vital to promoting health and even socioeconomic disparities. While it initially had the aim to battle undernutrition, the goal today is to create conditions for healthy eating habits. Swedish studies show that school lunches contribute to a third of children's and youth's daily energy and nutritional intake. School closures may have the risk to affect children's food environment in severe ways, also in Sweden, as seen in the US context.

Social environment

The social environment is a core issue in Sweden regarding children's health and wellbeing. At the beginning of the pandemic, girls and youths' contact with Swedish helplines, shelters and emergency helplines, shelters and emergency
contact centres increased by 20-40% compared to the same period 2019. Stress is on the rise in almost all surveyed school-ages, according to Statistics Sweden. In a study among children in grades 5, 7, and 9 that claimed a "not so good" socioeconomic family situation, 8 of 10 girls and more than half of the boys claimed both mental and somatic issues several times per week. The report estimates that 10% of Swedish children have been subjected to psychological/physical violence or neglect, with 3000 children yearly ending up in hospital care due to abuse.

Another core issue is the decrease in mental health among youth, particularly among girls, that slowly worsened during the last decade. There is international evidence that a siloed approach to wellbeing has hindered addressing the issue effectively. Already vulnerable groups are at risk of increased exposure due to the pandemic; situations become even more strained for those already in need of support. In Building Back Better, we should aim for increased participation of children and youth, as well as women - when women and mothers have more power over family resources, more of the resources are designated to the children.

With the pandemic also comes disruption of education as a central issue. Studies in Swedish grade 9 since the beginning of the 1990s show an increase in differences between schools' grade results, primarily due to increased school segregation, i.e., that students have become more divided among schools depending on their socioeconomic background, a worrying trend. As an effect of the pandemic, many are at home with distance learning, the schools have a hard time meeting needs, and support is often absent.

In the aim towards Building Back Better, we know that there might be no better way of investing in children and young people than to make sure that their education has high quality and is of relevance for the individual student and society. There is a need to turn the educational system to focus not only on learning in general but also to address sustainability issues that children and young people are concerned with, as one of the highest priorities for addressing their health as well as making it possible for them to (re)construct habits based on knowledge and to be part of transforming society.

Physical environment
Climate, environment and health overlap in many areas and there are co-benefits, synergies and trade-offs in the joint action on battling these converging crises. Children and adolescents have greater vulnerability to these threats due to environmental, physiological, anatomical, cognitive and psychological factors related to the phase of development in which they are. Children below five years of age have been reported to have 88% of their disease burden attributable to climate change and are disproportionately affected by stress events and exposures related to the environment, climate change and conflicts. Vulnerabilities that may increase susceptibility for adverse health impacts need to be addressed and managed. COVID-19 highlights the need to add health to the climate and environment discourse to take action for future generations.

Natural disasters hit hardest on the most vulnerable children and their families worldwide. In Europe, weather and climate extremes are increasingly affecting health and wellbeing, including leading to fatalities. Even though the air quality in Sweden is better than in many other countries, studies show that also in our context, both short- and long-term exposure to air pollution is connected to negative health impacts, to which children, the elderly, and people with underlying illnesses are the most vulnerable – children since their lungs and immune systems are still under development, leading to increased risks for asthma, respiratory infections and impaired lung capacity. However, according to
Statistics Sweden, there is limited data on how different socioeconomic groups are exposed to air pollution in the Swedish context.²

While school’s physical environment is a significant factor for children's health and wellbeing, their home's physical environment is an arguably even more important aspect and is to no small extent affected by the family's socioeconomic status. There is a decrease in children's time spent in nature and parks after entering school, and as earlier presented, obesity and overweight is an increasing issue in Sweden, due to both nutrition and physical activity.²⁶ Many studies show that youth often function as visionary, innovative change agents with critical thinking capability, often exemplified in the physical environment, emphasising the need to include children and youth to build back better.²⁷

### Knowledge gaps in the Swedish context

- Data are lacking in Sweden regarding children in general, and their health in particular, according to Statistics Sweden. Statistics Sweden states that this is attributed to the fact that information about individual children’s health and life conditions are absent and limited, often due to children not being included in sizeable national population studies. There is also a surprising lack of register-based information from childcare health centres and school health care, making it even more difficult to retrieve indicators in analysing the progress towards the 2030 Agenda.²
- Other areas where data is lacking are persons with disabilities, gender-based violence, national minorities, honour related oppression, and LGBTQ related topics. There is also a lack of statistics on food and nutrition regarding youth and children. There are yet few studies regarding the indirect effects of the COVID-19 pandemic on children’s wellbeing in the Swedish context.²
- Where data is lacking in the Swedish context, data from the global level could perhaps be applied, referring back to the concept “glocal” - the need to think and act both globally and locally; reciprocal learning should be applied. UNICEF states that in high-income countries overall, suicide, unhappiness, obesity and poor social and academic skills have become far-too-common features of childhood and that on average, countries spend less than 3 per cent of their GDP on family and child policies.²⁸

3. **Problematising intersectoral collaboration and Building Back Better**

Health has commercial, cultural, economic, social and political determinants. Mazzacuto states that issues such as the one of this paper are wicked in the sense that they are complex, systemic, interconnected, and urgent, requiring insights from many perspectives²⁹. WHO states that "the wide diversity of determinants of health pertains to political agendas across governments and requires an intersectoral approach to health and wellbeing". They highlight that intersectoral action is needed to move forward the available evidence on the social determinants of health and transform this into practice, but, there is still a long way to go in understanding the conditions and requirements that enable comprehensive, effective and sustainable forms of intersectoral collaboration.³⁰ Kuruvilla et al. state that multisectoral (sometimes described as intersectoral) action is essential for the implementation of the Sustainable Development Goals (SDGs) and that it is vital to know "when multisectoral collaboration will be most effective, how to ensure efficiency, and what factors enable these collaborations to contribute to transformative change – to business not as usual \(^1\).³

3.1 **The concept of Building Back Better**

The concept Building Back Better has most often been applied within disaster management and is defined by Clark et al. as a "process to improve a community's physical, social, environmental and

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¹ Some argue that rather than "Back", it would be preferred to use "Forward", but this paper will use "Building Back Better" as it is a more commonly accepted terminology.
economic conditions, to create a more resilient community”. In the context of the COVID-19 era, the concept of Building Back Better is widely adapted by politicians and used by the most far-reaching international organisations to move towards a more resilient, greener, more sustainable and equal recovery after COVID-19. In addition, many scientific articles frequently speak on recovery, opportunity, re-focus, re-thinking, reimagining, reset after COVID-19, all highlighting the need for systematic approaches and holistic perspectives.

However, there are also scholars problematising the concept. Many argue that a joint agreement on what Building Back Better actually means is lacking and that evidence that improvement is reached is rarely found from these initiatives. It is argued that it is an engaging and attractive slogan, but: "(...) the promise to not re-create or exacerbate pre-disaster vulnerabilities has generally been unfulfilled. Although the BBB narrative talks about the improvement of communities, translating this narrative into practice is rarely observed". This discussion highlights a gap but also creates an opportunity for the Building Back Better concept beyond disaster risk efforts, looking at system, macro transformations, tools for change and points of action – a direct relation to the aim of improvement for children's health and wellbeing in the COVID-19 era.

4. **Beyond Building Back Better**

The prior section briefly presented some core issues in our Swedish context regarding children and the three selected environments/dimensions. It highlighted that overweight is on the rise and the need to even out global differences in creating sustainable food systems. The social environment, including increased socioeconomic segregation, was discussed, and the pandemics indirect effects leading to an increase in violence and concern reports. The effect of school closures was briefly discussed, including the lack of school lunches and support highly affecting socioeconomic vulnerable families and children with learning disabilities. Regarding children's physical environment, climate change and environmental effects were discussed, threatening all children's future, including their mental wellbeing.

Tools for change are urgently needed to avoid a business-as-usual approach in rebuilding after COVID-19 with children's wellbeing at the centre regarding these selected areas and problems. The WHO-UNICEF-Lancet Commission highlights the need to invest in children since this benefits throughout the child's lifetime, their future children and the society as a whole – the most powerful investments a society can make, a win-win-win situation. WHO states that a mix of interventions are needed to help create the conditions that allow children and adolescents to thrive, starting before birth and throughout the life-course, including health, economic, educational and social interventions.

Concerning the three environments discussed in this paper: How can we create and improve intersectoral interventions and stakeholders cooperating for Beyond Building Back Better? Mazzucato offers a mission-driven approach that systemically builds across sectors. Engineering systems approaches increasingly encompass the public policy domain, and evidence exists that societal challenges are better addressed by embracing engineering systems methods. Mazzucato state that in this mission-driven approach, the mission should be well defined; not comprise a single R&D or innovation project, but a portfolio of such projects; missions should result in investment across different sectors and involve different types of actors; and finally, missions require joined-up policymaking. Since threats to child health and wellbeing originate in all sectors, a deliberate intersectoral approach is needed to ensure children and adolescents survive and thrive today and in the future – a non-business as usual approach.

We have seen that the three selected environments in the Swedish context are intertwined but not approached holistically. That is arguably precisely what is needed: An intersectoral approach between
actors to take a holistic perspective Beyond Building Back Better for children's health and wellbeing in the Swedish context. This investment should include creating enabling environments for children, prioritising their role as agents of change, including them in consultations and decision-making, enabling those most affected to participate in the change of norms and crisis response for long-term changes. Many of the Sustainable Development Goals can be addressed in a co-directed way in targeting the selected environments/dimensions of this paper – food production and systems, pollution, biodiversity, children's nutrition, inequalities, health including mental health, school, all playing into children's food, social and physical environments/dimensions, both nationally and globally.

Decisionmakers with responsibility for child and adolescent health and wellbeing, together with regional management, the private sector, civil society and academia, are crucial in establishing tools for change and action points for this intersectoral collaboration needed for Building Back Better for children's health and wellbeing in Sweden. There is no one size fits all – instead, holistic policies from involved sectors, social support, educational inclusiveness and financial support, delivered in unison to complement and support each other, making the difference in tackling the inequities that affect children's health and wellbeing.

Fig 1: We have seen improvements in survival, education, and nutrition for children worldwide in the recent 50 years; however, inequalities remain nationally as well as globally. COVID-19's indirect effects risk a significant increase in child and maternal mortality in low and middle-income countries and set negative trends in motion for children's health and wellbeing globally, including in the Swedish context. With successful intersectoral initiatives towards Beyond Building Back Better, we could tackle these negative trends, turning the curve upwards again.
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