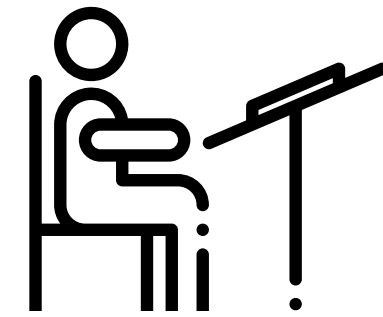


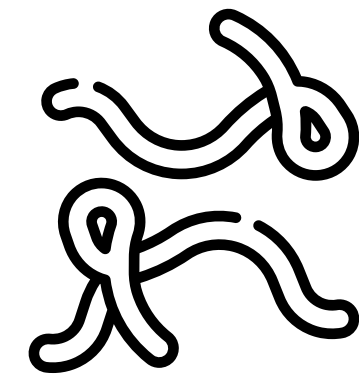
## KEY CONSIDERATIONS: CHILD ENGAGEMENT IN THE CONTEXT OF DISEASE OUTBREAKS IN EASTERN AND SOUTHERN AFRICA

# INCREASED VULNERABILITY TO DISEASE OUTBREAKS

Children in Eastern and Southern Africa are especially vulnerable to disease outbreaks



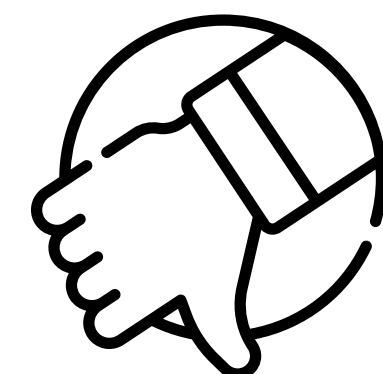
In many Eastern and Southern Africa (ESA) countries, over half the population is comprised of 10- to 18-year-olds, and around 215 million school-age children live in ESA.



The region is prone to disease outbreaks including Ebola, measles, cholera, anthrax, meningitis and haemorrhagic fevers, all of which can disproportionately affect children.



Geographic challenges, political instability and inadequate health system resourcing drive regional vulnerability to disease outbreaks.



Children often experience more adverse effects than adults; their development is negatively affected as they lose the protective factors associated with families, peers, schools, and social support networks.

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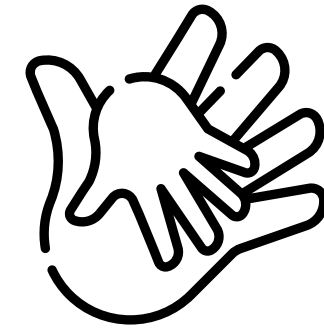
@SSHAP\_Action #SSHAP

DOI: [10.19088/SSHAP.2024.006](https://doi.org/10.19088/SSHAP.2024.006)

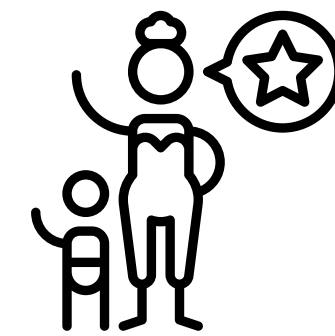
# KEY CONSIDERATIONS: CHILD ENGAGEMENT IN THE CONTEXT OF DISEASE OUTBREAKS IN EASTERN AND SOUTHERN AFRICA

## ENGAGING CHILDREN

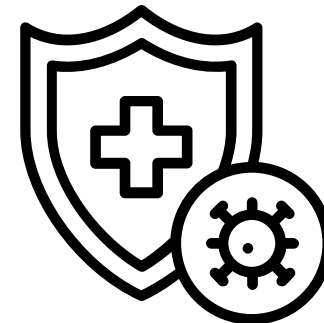
Children's engagement in the prevention, response and recovery stages of disease outbreaks is vital to reduce impact on children and their communities



Child-centred approaches prioritise the needs and rights of children and help those designing and implementing programmes to consider children's experiences.



Engaging and communicating with children before, during and after outbreaks enhances children's protection, well-being and resilience.



Engaging children helps to mitigate the risks and adverse effects they face; when children understand disease and prepare for outbreaks they cope and recover better.

## KEY CONSIDERATIONS: CHILD ENGAGEMENT IN THE CONTEXT OF DISEASE OUTBREAKS IN EASTERN AND SOUTHERN AFRICA

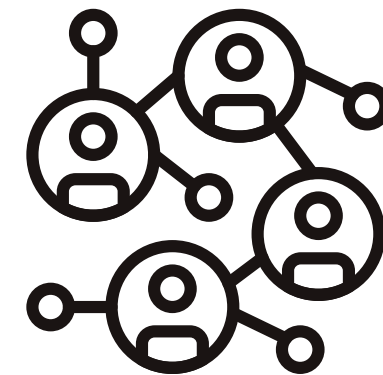
# CHILDREN AS CHANGE AGENTS

Children can act as agents of change in their families and communities



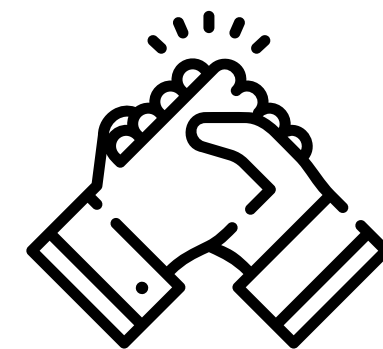
Child-centred Risk Communication and Community Engagement (RCCE) promotes actions that children, families and communities can take to prevent, respond to and recover from disease outbreaks.

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Children can share key health messages and promote healthy behaviours among their peers and relatives.

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Child-centred RCCE builds trust among family and community members; when trust is built, positive behaviour change is more likely to be sustained.

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Child engagement strategies make RCCE more inclusive; audiovisual and participatory techniques appeal to adults as well as children, and are more inclusive to those with disabilities or low literacy.

## KEY CONSIDERATIONS: CHILD ENGAGEMENT IN THE CONTEXT OF DISEASE OUTBREAKS IN EASTERN AND SOUTHERN AFRICA

# GOOD RCCE IS ADAPTABLE AND COMPLEMENTARY

Effective RCCE adapts with community needs and complements other risk reduction efforts



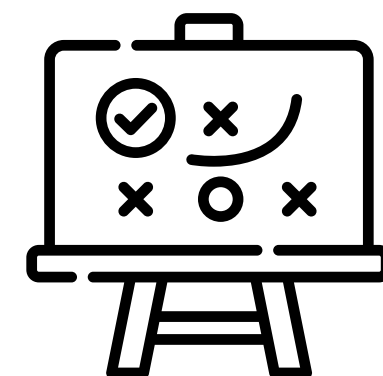
Child engagement is best implemented through strong partnerships between governments, NGOs and communities – including teachers, caregivers and peers.

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Child-centred RCCE can build on school-based health education and other health, education, protection, and disaster preparedness efforts.

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Effective partnerships ensure better coordination and a more strategic response design.

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Additional research – including child-led research – on best practices in child engagement must be prioritised to ensure strategies meet communities' evolving needs.