Contents lists available at ScienceDirect

Global Pediatrics

journal homepage: www.elsevier.com/locate/gpeds

Montenegro Charter for the protection and recovery of children in disasters

Neboija Kavaric [a], Joseph Haddad [b], Massimo Pettoello-Mantovani [c,*]

[a] Association for Preventive Pediatrics of Montenegro, Podgorica, Montenegro
[b] International Pediatric Association, Chicago, IL, USA
[c] European Pediatric Association, Union of National European Pediatric Societies and Associations, Berlin, Germany

ABSTRACT

The Charter was jointly developed by EPA-UNEPSA and the International Pediatric Association (IPA) through the contributions of ideas and recommendations from presidents and delegates of European National Pediatric Societies who participated in the 2nd EPA-UNEPSA Hot Topics International Meeting held in Budva, Montenegro, on June 12, 2025 in collaboration with the Association for Preventive Pediatrics of Montenegro,: Giuseppe Buonocore, former President, Italian Academy of Pediatrics; Robert Cohen, President, Conseil National Professionnel de Pédiatrie, Association Française de Pédiatrie Ambulatoire; Pietro Ferrara vice-President, Italian Society of Pediatrics; Hilary Hoey, former President, Faculty of Paediatrics, Royal College Physicians Ireland; Esin Koc, President, Turkish Neonatal Society & the Union of European Neonatal and Perinatal Societies (UENPS); Georgios Konstantinidis, President, Serbian Pediatric Association; Georgina Kuli Lito, President, Albanian Society of Pediatrics; Hajrija Maksić, President, BIH Pediatric Association; Aida Mujkić, President, Pediatric Society of Croatia; Leyla Namazova, President UPR; Tudor Pop, President, Romanian Society of Preventive Pediatrics; Beiqi Ramus, President, Kosovo Pediatric Association; Aspazija Sofijanova, President, N. Macedonia Pediatric Association; Eli Somekh, former President, Israeli Pediatric Association; Tarana Taghi-zada, President, Azerbaijan Pediatric Association & Vice president, Eurasian Federation Children's Doctors; Stephen Turner, President, Royal College of Paediatrics and Child Health, UK; Mehmet Vural, former President, Turkish Pediatric Association. The International Pediatric Association (IPA) and EPA-UNEPSA gratefully acknowledge their invaluable contributions.

A global imperative for children in crisis

The global landscape is increasingly defined by the escalating frequency and complexity of natural and man-made disasters,[1,2] encompassing the profound impacts of climate change,[3,4] volatile economic crises, armed conflicts, and widespread public health emergencies.[5,6] These multifaceted challenges pose unprecedented threats to communities worldwide; however, their disproportionate and often overlooked impact on children remains a critical concern. By their very nature, children represent a uniquely vulnerable and defenseless demographic—highly dependent on adults for their safety, protection, and fundamental needs.[7,8]

Existing national and international preparedness and response mechanisms frequently fall short in addressing the specific requirements of children. This often results in fragmented approaches and insufficient systemic capacity to adequately safeguard their well-being during crises. The increasing complexity of global emergencies, driven by factors such as climate change, population movement, and economic interdependence, exacerbates children's existing vulnerabilities and overwhelms national preparedness capabilities.[9] This creates a predictable cycle of inadequate response, where the evolving nature of disasters outpaces the capacity of existing systems to adapt, particularly for the most susceptible populations. This persistent gap in protection underscores the urgent need for a standardized and integrated approach to child-centric disaster management.[10,11]

The very necessity of this Charter points to a fundamental systemic deficiency in current international and national frameworks regarding the protection of children in crises.[10,12] It is not merely about refining existing systems, but rather about a profound reorientation to place children at the core of all disaster risk reduction (DRR) efforts.[13,14] This document, therefore, represents a collective commitment to ensuring that every child's inherent right to protection, well-being, and development is upheld, even in the face of overwhelming adversity. It calls for a fundamental paradigm shift from reactive emergency response to

proactive, comprehensive, and inclusive capacity building for children within all DRR frameworks.

The genesis of the Montenegro Charter

The "Montenegro Charter for the Protection and Recovery of Children in Disasters" is the direct outcome of a pivotal international pediatric meeting held in Budva, Montenegro in 2025. This significant gathering was organized by the Association for Preventive Pediatrics of Montenegro, under the auspices of the Montenegro Ministry of Health and in close collaboration with the International Pediatric Association (IPA) and the European Pediatric Association–Union of National European Pediatric Societies and Associations (EPA-UNEPSA). The meeting featured the active participation of presidents, former presidents and delegates from several esteemed national pediatric societies—including the Italian Academy of Pediatrics, the Association Française de Pédiatrie Ambulatoire, Faculty of Paediatrics, the Italian Society of Pediatrics, the Royal College Physicians Ireland, the Turkish Neonatal Society, the Union of European Neonatal and Perinatal Societies (UENPS), the Serbian Pediatric Association, Albanian Society of Pediatrics, the Kosovo Pediatric Association, the UPR, the BIH Pediatric Association, the Pediatric Society of Croatia, the Romanian Society of Preventive Pediatrics, the Turkish Pediatric Association, the N.Macedonia Pediatric Association, the Israeli Pediatric Association, the Azerbaijan Pediatric Association, the Eurasian Federation Children's Doctors and the UK Royal College of Paediatrics and Child Health. These leaders contributed significantly to the development of the "Charter" through their recommendations and key input.

The collaborative nature of this initiative, bringing together multiple national and European pediatric societies, directly addresses the challenge of fragmentation within pediatrics identified in various studies. It exemplifies the recommended solutions of fostering global collaboration, sharing experiences, and establishing effective cooperation platforms. This unified approach lends substantial credibility to the Charter, showing a practical application of the proposed multidisciplinary and cooperative strategies.

The core proposal of the Montenegro Charter is to provide legislators and decision-makers with concrete recommendations designed to develop and integrate **CAPACITY BUILDING for children** as an indispensable component of common, reliable, and effective coordinated strategies to address both natural and man-made disasters. This document serves as a powerful call to action, reflecting a consensus among leading pediatric experts and societies on the urgent necessity for a child-focused approach to disaster management. By explicitly naming the Charter and detailing its origins, it establishes a robust precedent for future international pediatric advocacy. This strategic move leverages collective expertise to influence policy beyond traditional medical domains, elevating the document from a general set of recommendations to a specific, endorsed policy instrument that can be referenced and built upon in future international discourse and policy development, thereby ensuring its lasting impact.

The unique vulnerability and enduring needs of children in disasters

Children are not simply miniature adults; they possess distinct physical, psychological, and developmental vulnerabilities that render them acutely susceptible to the devastating impacts of natural and man-made crises. Their inherent dependency on adults for safety, protection, and basic needs, coupled with their physical, emotional, and cognitive immaturity, makes them a highly vulnerable and defenseless group. This fundamental vulnerability necessitates a specialized approach to disaster preparedness and response that acknowledges their unique requirements.

Specific physical and medical needs

Children exhibit a higher susceptibility to specific hazards, such as chemical, biological, radiological, and nuclear accidents, demanding specialized medications, precise doses, and appropriate delivery systems. In emergency shelters, the provision of age-appropriate supplies, including diapers, cribs, baby formula, and suitable food, is paramount. Furthermore, careful consideration must be given to older children's dietary needs, accounting for allergies and appropriate sodium levels. Economic crises, a growing component of man-made disasters, exacerbate difficulties in food access and availability, leading to worsening nutrition habits in disadvantaged families and, tragically, increased mortality rates, particularly among infants.

Psychological and developmental impacts

The psychological toll of disasters on children is profound and often long-lasting. In tense situations, children frequently experience feelings of overwhelm and insecurity, often being left to their own devices, which severely threatens their rights to protection and integrity. They are highly susceptible to enduring effects such as academic failure, post-traumatic stress disorder (PTSD), depression, anxiety, bereavement, and various behavioral disorders, including delinquency and substance abuse. A critical aspect of children's recovery is their reliance on adult behavior; if recovery is prolonged and stressful conditions persist for adults, their capacity to serve as a resilient defense and support system for children is severely compromised. Public health emergencies, like pandemics, can also inflict significant psychological consequences on children and adolescents, even when clinical manifestations are less severe. Moreover, repeated exposure to media coverage of traumatic events and their aftermath can significantly increase distress in children.

The inherent dependency of children on adults and structured environments means that any disruption to these critical support systems—such as adult stress, school closures, or family separation—directly amplifies children's vulnerability and leads to severe, long-lasting physical and psychological trauma. This creates a challenging cycle where prolonged adult distress impedes child recovery, underscoring the vital need for comprehensive, family-centric support systems.

Social and structural dependencies

Children's reliance on structured environments, such as schools and childcare providers, means these institutions must be adequately prepared to ensure their safety and the continuity of care. Rapid reunification with legal guardians is critically important if children are separated during a disaster. The global phenomenon of millions of children fleeing their homes due to protracted conflicts, persistent violence, and extreme poverty, often as unaccompanied minors, poses significant and complex challenges to authorities and healthcare systems worldwide.

Global scale of impact

The scale of the impact on children globally is staggering. Over 175 million children annually face crises directly attributable to climate change. An estimated 1 billion children under the age of 15 reside in earthquake-affected countries. Between 1998 and 2018, climate-related and geophysical disasters tragically claimed the lives of 320,000 children and affected billions more through injuries, homelessness, displacement, or the urgent need for emergency assistance. During the period 2020-2025, 43.3 million children worldwide were reported displaced, with more than 2 million of them being refugee children as a result of the armed conflict in Central Europe that erupted in 2022.

Recognizing children as a distinct group, rather than simply a subcategory within "at-risk" populations, fundamentally shifts the policy imperative from generic disaster planning to specialized pediatric

disaster management. This reclassification demands dedicated resources, specialized expertise, and tailored policy frameworks, acknowledging that children's needs are not merely heightened versions of adult needs, but are qualitatively different, requiring unique considerations at every stage of disaster management.

These complex vulnerabilities are summarized in Table 1, which provides a structured concise overview of the multifaceted vulnerabilities of children, making it easier for policymakers to grasp the complexity and distinctness of their needs. It visually reinforces why children cannot be treated as "small adults" and why specialized, comprehensive interventions are imperative, directly supporting the Charter's foundational argument for child-centric DRR.

Strategic principles for child-centric disaster risk reduction and recovery

The core proposal of the Montenegro Charter revolves around providing legislators and decision-makers with recommendations to develop and include capacity building for children as an integral part of coordinated strategies for addressing natural and man-made disasters. This section systematically expands upon the five key strategic principles that underpin this approach, integrating relevant findings to provide a common understanding and guide future actions.

Establishing a common understanding of capacity development within the DRR context

Capacity, in the context of disaster risk reduction, refers to the combination of all strengths, attributes, and resources available within an organization, community, or society to effectively manage and reduce disaster risks and strengthen resilience. It is crucial to understand that capacity is not merely the inverse of vulnerability; it encompasses

the inherent capabilities that even disadvantaged groups possess and can draw upon. The scope of capacity is broad, covering infrastructure, institutions, human knowledge and skills, and collective attributes such as social relationships, leadership, and management.

Capacity development is a continuous process through which individuals, organizations, and societies acquire, strengthen, and sustain the abilities necessary to achieve their own development objectives over time. This involves ongoing learning, various forms of training, and sustained efforts to develop institutions, raise awareness, secure financial resources, advance technology, and cultivate an enabling environment. For children, capacity building translates into empowering them and their essential support systems—including families, schools, communities, and healthcare providers—to actively participate in every phase of disaster management: risk reduction, preparedness, response, and recovery. This approach fosters their resilience and self-sufficiency.

Moving beyond viewing capacity as merely the opposite of vulnerability to recognizing inherent strengths and the active process of "capacity development" for children represents a crucial conceptual reorientation. This perspective advocates for programs that not only protect children but also equip them with essential skills, knowledge, and agency, effectively transforming them from passive recipients of aid into active participants in their own safety and recovery. This fundamental shift in philosophy is essential for building truly resilient communities.

Identifying and agreeing on priorities in the event of disasters

A paramount priority in disaster management is the explicit inclusion of children as a distinct group within "at-risk," "vulnerable," or "special needs" population categories, rather than subsuming them within larger, less specific classifications. This consistent call to treat children as a "distinct group" represents a direct challenge to existing, often adult-centric, disaster planning frameworks. It signifies that current prioritization models are inherently insufficient for children, necessitating a fundamental re-evaluation and an explicit policy mandate to ensure their unique physiological, psychological, and developmental needs are met.

Immediate priorities in the aftermath of a disaster include the rapid reunification of children with their legal guardians, the provision of age-appropriate supplies such as diapers, formula, and cribs in shelters, and immediate post-emergency child care and psychosocial support. Within health systems, priorities extend to ensuring the availability of pediatric medical countermeasures (MCMs), enhancing the pediatric capabilities of disaster medical response teams, and establishing regionalized pediatric systems of care to manage surge capacity.

Furthermore, long-term recovery must be prioritized as an opportunity for transformation. Recovery interventions should be meticulously planned and managed to convert crises into opportunities for improvement, aiming to achieve a "new normality" characterized by enhanced infrastructure and stability, rather than simply restoring pre-event conditions. The enduring effects of disasters on children, particularly mental health disorders, necessitate sustained and comprehensive recovery efforts.

Identifying outstanding capacity development needs and recognizing common obstacles and constraints

Despite growing awareness, nations frequently demonstrate a low degree of self-sufficiency and a high level of unpreparedness for natural, economic, and public health crises. A significant obstacle is the pervasive fragmentation of approaches, where a nation's ability to respond is often dispersed across multiple levels and agencies, lacking clearly stated outcomes for children in policies and programs. This widespread fragmentation across national and international levels represents a systemic impediment to effective child protection. It suggests that the issue is not merely a collection of individual agency failures but a

Table 1
Vulnerabilities of children in crisis.

Domain of vulnerability	Specific examples in crisis context	Age-specific considerations
Physical/Medical	Unique medication needs, specific dosing requirements for CBRN exposure, higher susceptibility to disease, nutritional deficiencies, lack of age-appropriate supplies in shelters (diapers, formula, cribs).	Younger children (infants, toddlers) are more vulnerable due to inability to self-protect; specific needs for growth and development.
Psychological/ Emotional	Post-traumatic stress disorder (PTSD), depression, anxiety, bereavement, behavioral disorders, impact of adult distress, increased distress from media exposure.	Younger children may express distress non-verbally; adolescents may exhibit risk-taking behavior or substance abuse; long-term mental health impacts are common across all ages.
Social/ Developmental	Disruption of education, separation from family/ caregivers, loss of peer support, reliance on structured environments (schools, childcare), challenges for unaccompanied minors, impact on social development.	Younger children require secure attachment; school-aged children need educational continuity; adolescents need peer support and opportunities for future development.
Environmental/ Structural	Lack of child-friendly infrastructure in shelters, inadequate transportation for families with children, absence of child-specific planning in community-level disaster response, impact of climate change on living conditions.	All age groups are affected, but younger children are less mobile and more dependent on safe physical environments and adult assistance.

profound lack of integrated, multi-sectoral governance and policy coherence.

Coordination difficulties further complicate effective disaster management, particularly among diverse countries and stakeholders, due to often irreconcilable cultural, political, and economic visions. Financial constraints also pose a significant challenge, manifesting as insufficient funding for preparedness activities and difficulties in sustaining comprehensive healthcare systems during emergencies. Reimbursement for preparedness activities for private practitioners, for instance, is frequently absent. These financial limitations and coordination difficulties are not isolated problems; they are often interdependent with the issue of fragmentation. Without clear central coordination and shared priorities, funding becomes inefficient, and collaborative efforts falter, perpetuating the cycle of unpreparedness.

Crucially, current state and local disaster plans often fail to include specific considerations for children and families. There is an urgent need to systematically identify and rectify these gaps in disaster policies and programs specifically for children.

Recognizing key principles, elements, and actions for planning and standardization

Effective capacity building for DRR is guided by several key principles: flexibility and adaptability, comprehensive planning, strong ownership and partnership, focused attention on functional capacity (encompassing decision-making, coordination, policy development, and an enabling environment), integration of various actors and scales, and a direct contribution to overall DRR goals. The emphasis on "functional capacity" and an "enabling environment" signifies that effective capacity building for children extends beyond mere technical training; it necessitates systemic changes in governance, policy, and incentives to support effective decision-making and coordination across all levels and sectors. This means advocating for a supportive policy and operational environment where child-centric DRR is incentivized, coordinated, and prioritized, enabling trained individuals and organizations to implement effective strategies.

A nation's ability to prepare, respond, and recover should be rooted in integrated strategic plans, rather than relying on a single level or agency. Effective disaster management systems require meticulously planned, coordinated, and interactive strategies founded on shared responsibility and leveraging diverse expertise. Standardization and the development of clear guidelines are also critical. This includes the adoption of international aims, objectives, and standards of care, education, training, and quality improvement projects specifically for children. Countries must accelerate the development of guidelines for short-, medium-, and long-term preparedness, ensuring their applicability to diverse situations and enhancing the ability to develop adequate strategies and target resources efficiently.

Establishing centralized and permanent national authorities dedicated to identifying and rectifying gaps in disaster policies and programs for children and families is also essential. Children's needs must be comprehensively integrated across all inter- and intra-governmental disaster management activities and operations. Furthermore, disaster education programs for children have proven to enhance preparedness and resilience, effectively bridging the gap between knowledge and action and facilitating information transmission. Integrating disaster risk education into school curricula at all levels, particularly primary schools, is a key indicator of progress in this area.

The concept of "turning crisis into opportunities" suggests that disasters, while devastating, can serve as catalysts for systemic reforms and the implementation of higher operational standards for child protection. This approach aims to move towards a "new normality" rather than simply recovering to the status quo, thereby elevating the ambition from mere damage control to systemic improvement and future preparedness.

Understanding and leveraging social, economic, and environmental assets

Recognizing and leveraging the social, economic, and environmental assets of communities and countries is fundamental to building comprehensive capacity. Diversity, as an expression of cultural heritage, should be viewed as a valuable resource for identifying optimal solutions to challenges faced by different communities. Dialogue within and between diverse cultures can significantly contribute to solving common problems.

At the household level, capacities are often internal or endogenous to communities, meaning individuals possess the agency to develop their own skills and resources. This understanding informs the necessity of broadening stakeholder engagement beyond traditional medical and public health actors to include schools, youth groups, religious organizations, disability advocates, private physicians, and child care providers. Actively engaging youth in preparedness efforts is particularly valuable, as they become more resilient and effective messengers to their peers and parents. Faith communities, too, can play a crucial role, and improving religious literacy in emergency management can facilitate their engagement in disaster planning, risk communication, and supporting children's spiritual and emotional trauma. Leveraging existing frameworks and initiatives, such as electronic health records (EHRs), the Affordable Care Act, and patient-centered medical home models, can further enhance preparedness.

Leveraging "endogenous capacities" and actively engaging diverse community stakeholders, including youth and faith communities, transforms disaster response from a top-down, expert-driven model to a bottom-up, community-led, and empowering process. This approach recognizes communities as active agents of their own resilience, fostering greater ownership, sustainability, and cultural relevance of DRR initiatives, thereby making them more effective. By considering social, economic, and environmental assets, a holistic approach to community resilience is fostered, extending beyond immediate physical safety to encompass mental, social, and economic well-being. This creates a more robust and sustainable recovery environment for children.

To further clarify the multi-layered concept of capacity building, Table 2 outlines its key pillars.

The table visually breaks down the multifaceted concept of "capacity building" into actionable components and levels. It helps policymakers understand that capacity building for children is not a singular action but a comprehensive, multi-layered process requiring integrated efforts across various domains. It serves as a foundational framework for developing concrete recommendations.

Table 2

Pillars of capacity building for child-centric disaster risk reduction (DRR).

Level of capacity	Key components of capacity	Core principles for effective capacity development
Individual	Knowledge & Skills (e.g., first aid, risk perception, coping mechanisms), Personal Preparedness, Agency.	Flexibility & Adaptability, Ownership, Functional Focus.
Organizational	Resources (e.g., equipment, supplies, funding), Infrastructure, Internal Policies & Plans, Leadership, Coordination within the organization.	Comprehensive Planning, Ownership & Partnership, Functional Focus.
Institutional	Formal Policies & Regulations, Legal Frameworks, Governance Structures, Inter-agency Coordination, Resource Allocation Mechanisms.	Integration of Actors & Scales, Contribution to DRR, Enabling Environment.
Societal	Social Relationships & Networks, Cultural Heritage, Community Cohesion, Public Awareness, Economic Stability, Environmental Health.	Ownership & Partnership, Integration of Actors & Scales, Holistic Resilience.

Recommendations for action: building comprehensive capacity for children's protection and recovery

The following recommendations are designed to provide detailed, actionable steps across critical domains, ensuring a holistic and integrated approach to child protection and recovery in disasters, all underpinned by the principle of capacity building.

A. Strengthening Health Systems and Pediatric Preparedness

1. **Enhance Pediatric Capabilities within Emergency Response:** It is imperative to ensure the availability of and access to pediatric medical countermeasures (MCMs), including increasing their proportion in national stockpiles and developing age-appropriate dosing and administration guidance. Pediatric capabilities of disaster medical response teams, such as those from the Departments of Health and Human Services (HHS) and of Defense, must be enhanced, and health professionals who may treat children should receive adequate pediatric disaster clinical training. Furthermore, implementing cross-training for areas of potential staff shortage, such as Neonatal Intensive Care Units (NICUs) and Pediatric Intensive Care Units (PICUs), and developing three-deep coverage plans for critical pediatric roles are essential. The emphasis on "dual use investments" and shifting the financial mindset from "investment" to "insurance" highlights that strengthening day-to-day pediatric readiness inherently builds disaster capacity, making it a cost-effective and sustainable approach. This means that integrating preparedness into routine healthcare system strengthening provides continuous benefits and a better return on investment.

2. **Establish Regionalized Pediatric Systems of Care:** A formal regionalized pediatric system of care must be developed to support pediatric surge capacity during and after disasters, ensuring that specialized care is accessible when needed. Guidelines for first responders should recommend the transport of pediatric patients to pediatric receiving hospitals, and inter-hospital transportation for children initially transported elsewhere must be established. General hospitals serving adults must also have robust plans in place to properly care for children if primary transport to specialty centers is not possible.

3. **Prioritize Recovery of Pediatric Healthcare Infrastructure:** The recovery of pediatric health and mental health care delivery systems in disaster-affected areas must be prioritized, including establishing dedicated funding mechanisms for the restoration and continuity of these vital services.

B. Fostering Resilience Through Education and Psychosocial Support

1. **Integrate Comprehensive Disaster Education for Children:** Disaster education programs for children should be developed and implemented as an innovative and cost-effective approach to disaster risk reduction, significantly increasing their risk perception and ability to implement reduction measures. Disaster risk education must be integrated into school curricula at all levels, particularly primary schools, making it a key indicator of preparedness. Families, teachers, school administrators, hospital managers, and staff require training on the significance of preparedness education for children, recognizing their role as first responders. Children and students should also be actively involved in planning community emergency management to foster ownership and practical skills.

2. **Prioritize Mental and Behavioral Health Services:** Mental and behavioral health support for children must be integrated into all public health, medical, and disaster management activities. Pre-disaster preparedness training in pediatric disaster mental and behavioral health, including psychological first aid and bereavement support, should be enhanced for professionals and all individuals who work with children, such as teachers. Crisis Counseling Programs (CCP) must be strengthened to better meet the specific mental health needs of children and families. Routine peri- and post-pandemic behavioral health assessment, including trauma screening, should be implemented for parents and youth experiencing isolation or quarantine. All state and local pandemic preparedness plans must include a dedicated module on pediatric health and behavioral health, developed in collaboration with behavioral health professionals. Integrating mental and behavioral health support *pre-disaster* and making it routine signifies a crucial shift from reactive crisis intervention to proactive psychological preparedness, building children's internal coping capacities before trauma strikes. This approach acknowledges that psychological well-being is as critical as physical safety, moving beyond simply treating symptoms after a disaster to building mental resilience as a core component of capacity.

3. **Foster Community and Individual Resilience:** Resilience should be nurtured and implemented through public health programs specifically designed for children and teenagers in affected communities, making it an integrated part of any strategic recovery plan. Practices that limit children's exposure to repeated media coverage of traumatic events should be recommended and implemented to reduce distress.

C. Ensuring Protection and Addressing Specific Vulnerabilities

1. **Tailor Support for Refugee and Displaced Children:** Both short- and long-term solutions are necessary for children fleeing conflict, persecution, and poverty. This includes increasing their access to education, strengthening health and child protection systems, and expanding opportunities for family income. Advocacy for peaceful conflict resolution and tolerance is also crucial to address the root causes of displacement.

2. **Ensure Inclusive Planning for Children with Disabilities:** Children with disabilities should be sheltered with their families in general population shelters whenever possible, with adequate planning for their specific access and functional needs. Individuals with disabilities or their representatives must be included in planning groups to ensure their unique needs for evacuation, transport, and sheltering are comprehensively addressed.

3. **Strengthen Child Protection in Conflict Zones:** Practical steps must be implemented at both national and international levels to strengthen the protection of children in armed conflicts and from gun violence, addressing the current lack of effective solutions.

4. **Prioritize Family Reunification:** Robust plans for the rapid reunification of children with their families after disasters must be developed and implemented, utilizing tools such as online registries and patient connection systems. The focus on refugee children, children with disabilities, and those in conflict highlights that vulnerability is often intersectional. Capacity building must acknowledge and address these compounded risks, moving beyond a one-size-fits-all approach to highly tailored interventions that meet the unique and complex needs of these sub-populations.

D. Enhancing Governance, Coordination, and Communication

1. **Establish Centralized Authorities for Children in Disasters:** Centralized and permanent national authorities must be created to identify and rectify gaps in disaster policies and programs for children and families. These authorities require sufficient authority, funding, and policy expertise. They should provide effective national-level guidance to families, schools, and childcare providers regarding personal precautions, medical treatments, and school closures. Establishing "centralized authorities" and mandating "cross-sectoral integration" are not merely organizational changes but fundamental acts of *governance capacity building*. They create the necessary policy and structural backbone for all other child-centric

DRR efforts to succeed, addressing the primary bottleneck of a lack of clear leadership and coordinated policy.

2. **Foster Cross-Sectoral Integration and Collaboration:** Comprehensive integration of children's needs across all inter- and intra-governmental disaster management activities and operations is essential, encompassing education, child care, juvenile justice, and child welfare systems. Synergies must be improved, and effective collaborations established between public health systems and pediatric communities. Well-planned, coordinated, and interactive strategies, based on shared responsibility and leveraging diverse expertise, are fundamental to an effective disaster management system.

3. **Develop Integrated Communication Systems:** An integrated, competent communication system must be established to inform local administrators and populations about program requirements and assistance opportunities. The use of communication technology under normal conditions should be advocated to build relationships and competencies that prove invaluable during disasters.

4. **Accelerate Guideline Development and Implementation:** Countries must accelerate the development of guidelines for short-, medium-, and long-term preparedness, ensuring their applicability to different situations and enhancing the ability to develop adequate strategies and target resources. Identifying and overcoming impediments that delay the timely distribution of funds and implementing best practices are also critical.

E. Sustainable Financing and Broadened Stakeholder Engagement

1. **Ensure Sustainable Financing for Child-Centric Preparedness:** A comprehensive national preparedness and response healthcare system that is scalable, coordinated, and financially sustainable must be developed. The financial mindset should shift from viewing emergency preparedness merely as an investment to considering it as insurance, recognizing its long-term benefits. Mechanisms for reimbursement for time spent on preparedness activities for private practitioners should be explored to incentivize their involvement. Current opportunities, such as meaningful use standards for EHRs and the Affordable Care Act, should be leveraged to enhance preparedness.

2. **Broaden Stakeholder Engagement and Partnerships:** Increased collaboration, coalition building, and new partnerships are vital to share the burden of emergency preparedness. Involved stakeholders in planning discussions must be broadened beyond pediatricians and hospital coalitions to include organizations across all sectors that work with children including doctors working in primary, secondary and tertiary care, schools, youth groups, religious organizations, and child care providers. Engaging youth in preparedness efforts is particularly effective, as they become more resilient and powerful messengers to their peers and parents. Faith communities should be engaged in disaster planning, risk communication, and supporting children's spiritual and emotional trauma. Private insurers should also be included in preparedness discussions, leveraging their potential roles in waiving copays, rebuilding lost patient records, and providing volunteers. The emphasis on "broadening stakeholders" and "shared burden" combined with "sustainable financing" indicates a recognition that child-centric DRR cannot be solely the responsibility of governments or health ministries. It requires a whole-of-society approach, where economic models support distributed responsibility and long-term viability. This implies that the Charter seeks to build capacity not just within traditional emergency services but across the entire societal ecosystem that impacts children.

3. **Prioritize and Advocate for Children's Health:** National pediatric societies and associations must prioritize providing comprehensive recommendations to national authorities and actively advocating for children's health and needs in adverse circumstances. This

prioritization is crucial as it drives investment and resource allocation decisions for training, equipment, supplies, and exercises.

To provide a concise overview of these actionable recommendations, Table 3 summarizes the key areas and target stakeholders:

This table serves as an executive summary of the Charter's actionable points. For busy policymakers and stakeholders, it provides a quick, digestible overview of the key commitments and actions required, facilitating rapid understanding and uptake of the Charter's core message and reinforcing its practical, action-oriented nature.

A collective commitment to a safer future for every child

The Montenegro Charter for the Protection and Recovery of Children in Disasters stands as a testament to the international pediatric community's unwavering commitment to safeguarding the most vulnerable members of society in times of crisis. This document underscores that prioritizing children in disaster risk reduction is not merely a humanitarian obligation but a strategic investment in the future resilience and stability of nations and global society. The significant economic and social impact of global emergencies, coupled with the potential for "dual use investments" in preparedness, demonstrates that proactive capacity building is a pragmatic choice that yields long-term benefits for economic stability and societal resilience. This perspective elevates child protection to a critical priority in policy discussions.

The core message of this Charter is clear: effective, comprehensive, and inclusive programs for children in disasters hinge upon robust **capacity building** at all levels—individual, organizational, institutional, and societal. The goal of achieving a "new normality" after a disaster, rather than simply recovering to the previous state, signifies a transformative ambition. This Charter, as a formal international document, serves as a powerful instrument for advocating for this transformation.

The Charter calls upon governments, lawmakers, politicians, and all public key players to adopt and rigorously implement the principles and recommendations outlined within this document. Through sustained collaboration, shared responsibility, and dedicated resources, a future can be realized where every child is safer, more resilient, and better protected against the unpredictable challenges that lie ahead. This represents an act of visionary leadership, demonstrating a profound commitment to a future where children are not just survivors, but thriving members of resilient communities. This collective commitment is essential for safeguarding the well-being and ensuring a brighter future for all children.

Table 3
Executive summary.

Thematic area	Key recommendation	Primary target stakeholder (S)
Health Systems & Preparedness	Enhance Pediatric Capabilities & Establish Regional Care Systems	Governments, Health Ministries, Healthcare Providers
Education & Psychosocial Support	Integrate Comprehensive Disaster Education & Prioritize Mental Health	Education Ministries, Schools, Public Health Agencies, Families
Protection & Vulnerabilities	Tailor Support for Specific Vulnerable Groups & Ensure Reunification	Governments, Humanitarian Organizations, Child Welfare Agencies
Governance & Coordination	Establish Centralized Authorities & Foster Cross-Sectoral Integration	Legislators, Government Agencies (all levels), International Bodies
Financing & Engagement	Ensure Sustainable Financing & Broaden Stakeholder Partnerships	Governments, Private Sector, NGOs, Community Organizations

CRediT authorship contribution statement

Neboija Kavaric: Writing – review & editing, Writing – original draft, Conceptualization. **Joseph Haddad:** Writing – review & editing, Writing – original draft, Conceptualization. **Massimo Pettoello-Mantovani:** Writing – review & editing, Writing – original draft, Conceptualization.

Declaration of competing interest

RE:: Montenegro Charter for the Protection and Recovery of Children in Disasters

Neboija Kavaric MD, Joseph Haddad MD, Massimo Pettoello-Mantovani MD, PhD

To be published in: Global Pediatrics

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Massimo Pettoello-Mantovani's role as Consulting Editor, had no involvement in the peer review of this article and had no access to information regarding its peer review. Full responsibility for the editorial process for this article was delegated to another journal editor If there are other authors, they declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported

References

1. Debarati S. World Health Organization. Natural and man-made disasters: the vulnerability of women-headed households and children without families. *World Health Stat Q*. 1993;46(4):227–233.
2. World Health Organization. WHO Africa. Man-made disasters, natural hazards cost Africa $15 billion. https://www.afro.who.int/news/man-made-disasters-natural-hazards-cost-africa-15-billion (Accessed, 12 August 2025).
3. Bernasconi S, Levy C, Cohen R, Giardino I, Pettoello-Mantovani M, Somekh E. Climate change and environmental pollution induced risks on children's health: are pediatricians prepared to meet the challenge? *J Pediatr*. 2021;238:346–347. https://doi.org/10.1016/j.jpeds.2021.08.001. e2Epub 2021 Aug 9. PMID: 34384794.
4. Pettoello-Mantovani M, Bali D, Giardino I, Pop TL, Sevketoglu E, Konstantinidis G, et al. The risk from widespread micro- and nano-plastic contamination on a global scale and the threat to children's health. *J Pediatr*. 2025;280, 114512. https://doi.org/10.1016/j.jpeds.2025.114512. Epub 2025 Feb 15. PMID: 39961376.
5. Waldman R. US Center for Disease Control. Nat Hum-Made Disast. https://www.cdc.gov/field-epi-manual/php/chapters/natural-human-disasters.html. (Accessed, 12 August 2025).
6. United Nations. Children and armed conflicts. https://childrenandarmedconflict.un.org/(Accessed, 12 August 2025).
7. Ferrara P, Cammisa I, Zona M, Corsello G, Giardino I, Vural M, et al. The global issue of violence toward children in the context of war. *J Pediatr*. 2024;269, 114007. https://doi.org/10.1016/j.jpeds.2024.114007. Epub 2024 Mar 7PMID: 38458606.
8. Pettoello-Mantovani M, Namazova-Baranova L, Carrasco-Sanz A, Lucian Pop T, Vural M, Hoey H, et al. Advocating for children trapped in the midst of armed conflicts. *J Pediatr*. 2022;246:290–291. https://doi.org/10.1016/j.jpeds.2022.04.002. e2Epub 2022 Apr 9. PMID: 35413296.
9. Pettoello-Mantovani M, Pop TL, Giardino I, Vural M, Indrio F, Ferrara P. Lost in transition: the issue of vanishing unaccompanied alien children in Europe. *J Pediatr*. 2023;256:3–4. https://doi.org/10.1016/j.jpeds.2022.12.002. e1Epub 2022 Dec 10. PMID: 36509159.
10. Thacker N, Hasanoglu E, Dipesalema J, Namazova-Baranova L, Pulungan A, Alden E, et al. Global emergencies in child health: challenges and solutions-viewpoint and recommendations from the European Paediatric Association and the International Pediatric Association. *J Pediatr*. 2022;241:266. https://doi.org/10.1016/j.jpeds.2021.10.052. -266e3Epub 2021 Oct 29PMID: 34756940; PMCID: PMC9749795.
11. Ferrara P, Franceschini G, Corsello G, Mestrovic J, Giardino I, Vural M, et al. Increased exposure to violence and risk of neurodevelopmental disorders in children. *J Pediatr*. 2021;236:335–336. https://doi.org/10.1016/j.jpeds.2021.06.001. e2Epub 2021 Jun 5. PMID: 34102213.
12. Hoey H, Mestrovic J, Vural M, Baranova LN, Somekh E, Pettoello-Mantovani M. Children facing natural, economic and public health crisis in Europe: the risks of a predictable unpredictability. *Turk Pediatri Ars*. 2020;55(Suppl 1):4–9.
13. Sevketoglu E. Management of pediatric emergencies during natural disasters: the 2023 earthquake in Turkey. Glob Pediatr. 7, 2024, 100143 https://doi.org/10.1016/j.gpeds.2024.100143.
14. Pettoello-Mantovani M, Ferrara P, Pastore M, Bali D, Pop TL, Giardino I, Vural M. The multidimensional condition of systemic cooling poverty affecting children's health worldwide. *J Pediatr*. 2025;276, 114337.