

Issues & Information



United Nations
Special Session on Children
19-21 September 2001
United Nations, New York



United
Nations



unicef

***“The wellspring of human progress is found
in the realization of children’s rights.”***

– Kofi A. Annan

Secretary-General of the United Nations

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Birth Registration

During the 1990s, recognition grew that prompt birth registration is an essential means of protecting a child's right to an identity – and that vast numbers of children in developing countries lack this basic protection. While a far higher proportion of births are now registered than a decade ago, two out of every five babies are still without proof of birth, totalling over 50 million children every year.

This 'ticket to citizenship' is a tenet of international law. Beginning with the 1948 Universal Declaration of Human Rights and reiterated in 10 subsequent international agreements, every child's right to an official identity is unequivocally clear.

Birth registration is the first step towards recognizing a child's inalienable rights as a human being. Without proof of birth, children are especially vulnerable to exploitation and abuse and as adults may be denied the rights of a citizen. In some countries, children without a birth certificate cannot receive vaccinations or enrol in school; as adults, they cannot get married, open a bank account, acquire a passport or vote. Proof of age is critical to protecting children from child labour or premature enlistment in the armed forces. Child traffickers typically prey on children who are difficult to trace, putting unregistered children in refugee camps or in conflict-torn areas at great risk.

Birth registration is also critical to the functioning of every nation. Every government requires accurate data on births. Countries that have ratified the Convention on the Rights of the Child and other international human rights agreements are committed to registering children at birth. National birth registration systems provide vital data countries need for planning and policy development, for monitoring the situation of children and allocating resources.

Many obstacles to universal birth registration have been addressed. Mobilization campaigns have strengthened public demand for birth registration and registration fees have been eliminated, registration procedures simplified and laws updated, such as ending the requirement that parents present their own identity papers. Consequently, many more children are being registered – and disparities within countries are diminishing.

The United Nations, national governments and civil society organizations have taken the lead. The United Nations Statistical Division, UNICEF, the United Nations Population Fund, national governments and a range of civil society organizations have worked together to push for changes in laws, to build or improve civil registry systems and to strengthen public demand for birth registration.

Two out of every five babies still go without proof of birth; in sub-Saharan Africa, only about one of every four births is registered. Children without proof of birth lack the essential protection that stems from this legal form of identity. A major effort is needed to achieve universal birth registration.

Where birth registration systems fail because of systematic bias, special efforts are required. Hundreds of thousands of children are stateless because of discrimination against women or against particular ethnic, religious or minority groups.



Child Protection

The Convention on the Rights of the Child has been an epoch-making force for child rights. The Convention, which came into force in 1990, explicitly affirmed the right of children to a life free from abuse, neglect and exploitation. Two Optional Protocols to the Convention, relating to children in armed conflict and to child prostitution, child pornography and the trafficking and sale of children, have reinforced the global commitment to child protection.

Yet abuse and exploitation remain enormous problems. Conflict, displacement and poverty have swollen the ranks of children needing protection. Between 50 million and 60 million children are engaged in intolerable forms of labour. Every year, at least 1 million children are trapped in sexual exploitation or trafficking. An estimated 300,000 children under the age of 18 are involved in armed 30 conflicts worldwide. More than 10,000 children are killed or maimed by landmines every year. Unknown numbers are exposed daily in their homes, schools and communities to abuse, neglect and exploitation as families try to cope with competing demands, economic hardship and HIV/AIDS.

Protection is vital for children's survival and development. Those whose self-esteem and sense of trust and safety are undermined at an early age remain at risk, both physically and emotionally, throughout their lives. Children who have engaged in hazardous or exploitative labour, or have suffered from trafficking or abuse, may, as adults, be unable to progress or to participate productively in society. Such children often suffer from a loss of dignity and self-esteem, mistrustfulness and poor emotional and physical health. Their children may be trapped in a similar vicious cycle of deprivation. Many children do not survive abuse and exploitation.

Poverty, the lack of options and weak state mechanisms to protect children fuel the abuse and exploitation of children. The underlying causes are most often poverty and a lack of alternatives for the child. The likelihood of abuse rises sharply where children are hungry and families poor, where school is unavailable or irrelevant to their future livelihood and where children are considered to be chattel. The breakdown of traditional family systems and local economies, and large-scale migration and urbanization, are responsible for putting many children at risk. In areas involved in armed conflict, the hunger for regular meals and clothing drives children to sign up as soldiers – while weapons manufacturers and combatants who forcibly recruit children are to blame for endangering them. Where HIV/AIDS has robbed many children of parental protection, they are at great risk of abuse and neglect.

Progress on meeting the goals of the World Summit for Children

The 1990 World Summit for Children addressed child protection as one of its goals, calling for the “improved protection of children in especially difficult circumstances.” This goal was ill-defined at the time and measurable targets were not set, but debate and action since 1990 have defined appropriate strategies for protecting children and raised the political stakes for action.

Global, regional and national frameworks for action now exist. These include the unanimous adoption of ILO Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (No. 182) and the adoption of the two Optional Protocols to the Convention on

the Rights of the Child. Further guidelines have been adopted on the protection of refugee children and children in prison.

At the national level, many new constitutions have included provisions explicitly guaranteeing children's rights, while existing constitutions have been amended to incorporate such rights. Countries have undertaken reforms to prohibit child prostitution, child pornography and child trafficking; to raise to 18 the minimum age for recruitment into military forces; to prohibit the worst forms of child labour; and to set minimum ages for employment and criminal responsibility. Several areas of national law reform have involved international cooperation, such as extraterritorial legislation on sexual exploitation and bilateral and regional agreements to combat the sale of children. Considerable success in reuniting refugee children with their families is on record; refugee children are among those most at risk of illegal recruitment into armed forces. To improve the protection of children with mental and physical disabilities, several countries have strengthened rehabilitation programmes, while others have focused on providing families with training and support, thus reducing the rates of abandonment and institutionalization.

Unfinished agenda: The unconscionable scale of abuse, neglect and exploitation

Stronger data are the starting point for uncovering long-concealed abuses. Data on the abuse and exploitation of children are scanty because of the secretive or illegal nature of these activities. But better data are key to generating awareness of the debilitating physical and psychological consequences of exploitation and abuse and to preventing such abuse.

Parents, families and other primary caregivers are the vanguard of protection; they must be supported to provide for and protect their children. Providing access to basic social services and a quality, relevant and affordable education – especially to girls – and educating primary caregivers on their pivotal role in protecting children will make a major difference to the poorest and most exploited children.

Enforcement of rights is critical. Governments must enact and enforce laws to end the exploitation of children. These include minimum working age regulations, the prohibition of intolerable forms of labour, protection for socially disadvantaged groups, minimum age requirements for military recruitment and criminal responsibility and comprehensive statutes on prostitution and trafficking in children. Adequate resources must be provided to vigorously enforce these laws and to deliver the basic social services key to ameliorating the conditions that fuel the abuse, neglect and exploitation of children.

Children's ideas and experiences are critical to developing more successful public policy. Children must be encouraged to express their views and adults must be coached to take children's views seriously. Children need to grow up in an environment where they are consulted, involved and listened to. When they play truant from school, run away, act violently or are lured into prostitution or armed conflict, they are usually victims of abuse or are in need of special protection. Children can be protected only when adults listen to them.



Early Childhood Development

High-quality early childhood care brings lifelong benefits. Childhood is a time of long-lasting influence. And the first 36 months of a child's life are especially significant for physical, emotional and intellectual development. The effects of good nutrition and health care, clean water and sanitation, a nurturing environment and the values instilled during this time can last a lifetime.

Investing in the early years assures great economic returns. These returns include higher productivity over a lifetime, savings in the remedial health and education costs that occur when the early years are neglected, fewer demands on the social welfare and justice systems and much more. Failure to invest can lead to destructive disparities and entrench poverty across generations.

The seeds of conflict and intolerance are sown early. During children's early years, exposure to violence in the home and community socializes children to accept violence as the response to conflict and frustration. Seeds of tolerance and respect for others must be sown in the early years.

Gender discrimination and violence undermine child survival and human progress. Approximately 450 million adult women in developing countries are stunted, the result of malnutrition linked in part to gender discrimination in their early years. Furthermore, children who witness domestic violence face a greater likelihood of depression, poor school performance and the risk of perpetrating violence themselves.

Parents must be prepared for a pivotal role. Parents play critical roles in assuring a child the best beginning and need support and resources to do their best. This starts with attention to a mother's nutrition and well-being and providing support for her as she breastfeeds. Parents and caregivers need to be prepared so they can continue providing their children with the best possible nutrition and health care and can be positive role models. Early childhood education programmes also need to promote gender equality and respect for the rights of women and to encourage fathers to play active roles in child-rearing.

Early childhood care encompasses many of the programmes routinely undertaken by communities. Early childhood services are not new, separate programmes but are integrated across many existing sectors, including health, nutrition, sanitation and pre-school education. Because of the multidisciplinary nature of early childhood development (ECD), there must be accountability for measurable progress in ECD goals, or government responsibility can slip between the cracks that divide ministries and departments.

Progress on meeting the goals of the World Summit for Children

Great strides have been made in some aspects of ECD, especially in the reduction of infant and child mortality and in micronutrient supplementation. Below are several key goals established at the 1990 World Summit for Children that address early childhood development. (Goals related to immunization and micronutrients are discussed in the fact sheet on 'Immunization Plus', pages 13 and 14.)

- **Infant and under-five mortality rates:** The 1990 goal was reduction by one third in both infant and under-five mortality rates. There has been an 11 per cent reduction globally, with the under-five

mortality rate declining from 93 deaths per 1,000 live births in 1990 to 83 deaths per 1,000 live births in 2000. More than 60 countries did achieve a 33 per cent reduction, and by the end of 2000 there were 3 million fewer child deaths each year. By the end of the year 2000, 1.5 million fewer children died than in 1990.

- **Maternal mortality:** *The goal was to reduce global maternal mortality rates overall by half.* There has been no tangible reduction in maternal mortality. The global maternal mortality ratio (deaths per 100,000 live births) is 400; in sub-Saharan Africa the ratio is 1,100. In comparison, the rate for industrialized countries is 12. Around the world the some 515,000 women still die annually as a result of pregnancy and childbirth.
- **Malnutrition:** *The goal of the Summit was to reduce severe and moderate malnutrition among children under five by half.* Overall, this goal has not been met, though the total number of malnourished children has declined from 177 million to 150 million. There was a decline from 32 per cent of children under five in developing countries suffering from malnutrition in 1990 to 28 per cent in 2000.
- **Birthweight:** *The Summit goal was a reduction in the rate of children born with a low birthweight (less than 2.5 kg) to less than 10 per cent.* This goal has been reached in a number of developing countries. The best available estimates indicate that 15 per cent of children in developing countries are born with low birthweight. By 2000 the rate in 100 developing countries had decreased to below the goal of 10 per cent. However, the majority of infants in developing countries are not weighed at birth, thus estimates are biased. And rates in South Asia remain very high, at 25 per cent.
- **Water:** *The 1990 goal was universal access to safe drinking water.* Access has increased, from 77 per cent of people having access to clean drinking water in 1990 to 82 per cent in 2000. This represents nearly one billion people with access to improved water supplies. Nevertheless, 1.1 billion people still lack such access.
- **Sanitation:** *The Summit goal was universal access to sanitary means of excreta disposal.* The goal of universal sanitation has not been reached, but access has risen from 51 per cent of the world's population in 1990 to 61 per cent in 2000. This means that nearly 1 billion more people had access in 2000. However, 2.4 billion people still lack access to basic sanitation, including half of all people in Asia.
- **Early childhood development:** *The goal was to expand ECD activities.* Support for ECD and enrolment in ECD programmes has kept pace with or exceeded population growth rates in most regions. In Central and Eastern Europe and Central Asia, however, there has been a virtual collapse of public provisioning for pre-school education.

Unfinished agenda: More investment needed in the early years

While some progress has been made during the decade, neglect, malnutrition, discrimination and violence in the early childhood years persist, in both developing and industrialized countries. A child born today has a 3-in-10 chance of living in extreme poverty. Every single day, 30,000 children under five die, mainly from preventable causes, and many more lack access to basic social services. But these conditions are neither inevitable nor immutable. Success will depend, as it always has, on the convergence of political will, knowledge and the resources to make change. Critical to this commitment will be:

An end to gender discrimination: It is estimated that there would be between 60 million and 100 million more girls and women in the world were it not for neglect and discrimination in South and East Asia stemming from

the strong cultural preference for male children. Countless girls and women in other countries, regions and households are systematically discriminated against and denied the necessary ingredients for healthy development. Putting an end to gender discrimination will require legislative changes and a shift in attitudes and practices, shifts that are long-term and must involve every member of society.

Debt relief: Reduction in the burden of debt faced by poor countries is critical to releasing resources for investment in early childhood development. By the late 1990s, the 41 heavily indebted poor countries owed about \$205 billion. One inevitable impact of this is severe under-investment in basic social services.

Investment: Progress in early childhood development cannot be made with a quick fix. It requires wide-ranging and long-term investments, which can deter some political leaders. Assigning accountability on each goal is critical if progress is to be made. In addition, much more must be done to end armed conflict so resources can be invested in children, rather than in arms.

Progress in ECD does not have to be expensive; many of the activities are low-cost family- and community-based interventions. We adults have the power to reduce the millions of preventable child deaths each year and to help millions more children reach their full potential. Everyone – governments, NGOs, international organizations, communities and parents – must play a vital and distinct role.



Education

Education is the right of all children and the duty of all governments. The Convention on the Rights of the Child, ratified by virtually every country in the world, is uncompromising about the right of every child to a basic education of good quality.

Education drives development. Education is the surest, most powerful way to promote economic and social progress and to produce responsible, productive citizens. No country can afford to not educate its children – especially in this new information age.

Girls' education is key to breaking the inter-generational cycle of poverty. Investing in the education of girls puts all of society on the path to economic and social progress. A child's well-being is strongly associated with the mother's level of education. Educated girls grow into educated women: women who generally have higher family incomes, participate more in decision-making, marry later, are more likely to seek medical attention for themselves and their families, provide better nutrition for their families and enrol their children in school.

Education is crucial to solving some of today's most complex problems. Child labour flourishes where education is not available, is of poor quality or is not relevant to people's needs. For HIV/AIDS prevention, schools are a critical opportunity to equip children with essential life skills. Education that is of good quality, gender sensitive and relevant is a key first step towards dismantling the pervasive gender discrimination that fetters development.

Progress on meeting the goals of the World Summit for Children

Significant progress has been made throughout the 1990s. The Convention on the Rights of the Child has catalysed political commitment and global campaigns and has led to greater allocations to universal education. The systematic follow-up and monitoring procedures required of countries that have ratified the Convention encourage accountability.

Much more is known about how to achieve Education For All. Important lessons on how to provide girl-friendly schools are being applied in order to close the gender gap in education. And lessons learned about the importance of relevant and good-quality teaching methods, materials and learning environments are helping attract and retain children in school.

Four of the goals set at the 1990 World Summit for Children are directly related to education and literacy:

Primary education: *That every child has access to education and that at least 80 per cent of school-age children complete four years of primary school.* There has been some improvement in access, with 82 per cent of primary-school-age children enrolled in and/or attending primary school, up from 80 per cent in 1990.

Gender disparities: *That educational disparities between girls and boys be reduced.* The gap in enrolment rates has been halved, from 6 to 3 percentage points. South Asia made remarkable progress, but in sub-Saharan Africa the gender gap has not declined as sharply.

Adult literacy: *That adult illiteracy be cut to at least half its 1990 rate and that female literacy be given special importance.* This goal remains unmet. Adult illiteracy declined from 25 per cent in 1990 to 20 per cent today – but in part because of population growth, the number of illiterate adults has remained at nearly 900 million worldwide. And illiteracy is increasingly concentrated among women.

Knowledge and skills for better living: *That people be provided the knowledge, skills and values needed for better living.* There has been some slow progress towards this goal. More young people are being reached with education and training that enhance life skills and employment opportunities. But massive unemployment in Central and Eastern Europe and the HIV/AIDS epidemic in Africa are two major threats against which young people need to be far better equipped.

Unfinished agenda: Education For All – no excuses!

Old and new obstacles. Nearly 120 million children of primary school age remain out of school, about 53 per cent of them girls. Secondary school enrolment rates are even lower. And in severely affected areas, HIV/AIDS is an increasingly complex hurdle to achieving the world's goals for education.

The challenge of getting the remaining 20 per cent of children into school. This effort will require more innovation and will cost proportionately more because these are primarily the most marginalized and excluded of children, including working children, children living in conflict, disabled, poor and rural children, children of disadvantaged minorities and the soaring numbers of children affected by HIV/AIDS.

Too many schools are ineffective and unsafe. While many children are excluded from an education, too many others attend schools in environments that discourage learning. Schools must provide relevant curricula, adequate hygiene and sanitation facilities, a safe environment and well-trained teachers. Where these essential elements are lacking, parents are unlikely to send their children to school or keep them in school.

The barriers to girls' education. Creating girl-friendly schools requires teachers and learning materials that are free of gender bias, the removal of barriers such as school fees or responsibilities for the care of younger siblings, separate latrines for girls, more flexibility in school hours and an environment free of gender-based violence. The many countries that have successfully narrowed the gender gap in education have done so through such targeted efforts.

The crippling impact of the debt burden. The world's poorest and most heavily indebted countries cannot make needed investments in education without significant progress in addressing their external debt burden.

Education For All requires inclusive partnerships and networks. While the ultimate responsibility for fulfilling every child's right to education rests with national governments, education ministries alone cannot achieve this task. For universal education to become a reality, others must hold themselves accountable as well. And stronger partnerships must be forged with the community in school management and in reaching excluded children. Civil society, religious and other groups must mobilize to convince parents of the fundamental value of education.



Gender Discrimination

Women and girls, fully half of the world's population, are a remarkable force for change, growth and development. But, far too often, in far too many societies, they are denied the equality, status, power and knowledge that are their birthright. When women and girls claim their rights and stand as equals with men and boys in their homes, communities and in society, the world gains.

Discrimination against women and girls is far-reaching and entrenched – at work, in schools, in courts, in worship and in their own homes. Such discrimination violates their human rights and undermines their children's prospects.

Nearly two out of three illiterate adults are women. And the gap between the enrolment rates of boys and girls in primary school still persists in many countries. Without the full and equal access of girls and women to education, it will be impossible to fulfil their rights and to achieve the goal of Education For All. Education is a singularly wise and fruitful investment for societies to make, and this is particularly so when girls are educated. Educated girls are more likely to have better-educated and healthier children and to make economic contributions to their families and societies. They are equipped to make safe choices, including protecting themselves from HIV/AIDS, and to contribute to social development.

Every minute, a woman dies as a result of pregnancy and childbirth – over half a million each year. Most of these are avoidable deaths that result from poor health and nutrition during pregnancy or inadequate care during delivery. Another 15 million women a year develop long-term disabilities as a result of pregnancy and childbirth, a staggeringly high toll.

Women in countries with both high fertility and high maternal mortality run the highest 'lifetime risk' of dying from maternal causes. A woman in sub-Saharan Africa faces a 1-in-13 lifetime risk of dying from maternal causes, compared with 1-in-4,100 in industrialized countries. Clearly, in Africa, as well as in parts of Asia and the Middle East, women are literally risking death to give life.

Infants of poorly nourished or sick mothers are at a far higher risk of dying or of suffering from learning difficulties, spina bifida and brain damage.

Gender-based violence is a universal reality. Violence against girls and women takes myriad forms, including sex-selective foeticide and female infanticide, female genital mutilation, child marriage, 'honour' killings, domestic violence, sexual slavery and the use of rape as a weapon of war. Some violations, such as domestic violence, are horrifically common: Every third woman and girl worldwide will be beaten or sexually abused in her lifetime. This violence is unacceptable – and takes an unacceptably high toll on women, their families and society. It violates a woman's human right to bodily integrity and has dire, and sometimes fatal, physical and psychological consequences. Children who witness domestic or other violence are more likely to fall sick, to do poorly in school and to themselves become perpetrators of violence.

HIV/AIDS is deeply rooted in gender discrimination. Among 15- to 24-year-olds in developing countries, twice as many females as males are contracting HIV. Girls who are not educated

miss out on learning the life skills that could empower them to refuse unwanted or unsafe sex. Biased social norms prevent girls and women from learning about sexual health issues. And because impoverished adolescent girls and young women lack employment opportunities, they are vulnerable to being enticed or coerced into sex for money, increasing their risk of infection.

Progress on meeting the goals of the World Summit for Children

Of the 27 goals set at the 1990 World Summit for Children, no less than 11 are directly related to gender. Goals related to gender and adult literacy are discussed in the fact sheet on 'Education' (pages 7 and 8), those related to maternal mortality and low birthweight in the 'Early Childhood Development' fact sheet (page 5) and those related to neonatal tetanus in the 'Immunization Plus' fact sheet (page 14). Other goals include:

Breastfeeding: *The 1990 goal was empowerment of all women to breastfeed their children exclusively for four to six months and to continue breastfeeding with complementary food into a child's second year.* The rate of breastfeeding increased by 4 percentage points over the decade. Only half of all infants are exclusively breastfed.

Family planning: *The 1990 goal was for all couples to have access to information and services that would enable them to prevent pregnancies that are too early, too closely spaced, too late or too many.* About two thirds of the world's women of reproductive age who are married or in union are now using a contraceptive method.

Anaemia: *The 1990 goal was to reduce iron deficiency anaemia in women to one third of 1990 levels.* Data on progress in reducing anaemia are limited, but it is believed there has been virtually no progress on this goal.

Childbirth care: *The 1990 goal was to ensure that all pregnant women have access to prenatal care, trained birth attendants and referral facilities for high-risk pregnancies and obstetric emergencies.* Except in sub-Saharan Africa, significant gains were made in raising the proportion of women receiving antenatal care or having a skilled health worker deliver their babies, although not all countries have shared equally in such improvements.

Unfinished agenda: End the disadvantages suffered by girls and women

For promoting the rights of girls and women, data disaggregated by gender are a must. In every country and at every level, policies, budgets and plans for providing services require data that are disaggregated by gender. Such data allow planners to monitor progress on gender equality and to promote equal access by girls and women to basic services.

The world must act on the powerful framework for action that already exists. The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women provide the framework needed to tackle the entrenched discrimination against girls and women. The goals set at the 1990 World Summit for Children, with their time-bound and measurable targets in areas crucial to achieving gender equality, are an important part of this framework. In line with these goals and international standards, governments must reform laws, customary practices and attitudes towards girls and women and must also establish mechanisms to realize their rights.

To eliminate such deeply rooted discrimination requires determination, sensitivity and imagination. Legal reforms, ensuring equal access to basic social services, equal female representation in decision-making positions and action against those who violate the rights of girls and women are key steps in remedying gender inequality. This effort demands the active leadership of political, religious and community leaders worldwide.



HIV/AIDS

A catastrophic toll on children. Every day, more than 6,000 young people under the age of 25 become infected with HIV. Altogether, 11.8 million young people between the ages of 15 and 24 – and another 2.7 million children under the age of 15 – are living with HIV/AIDS. Currently some 10.4 million children are orphaned by AIDS, having lost either a mother or both parents to the disease – 85 per cent of these children are living in Africa.

HIV/AIDS inflicts suffering not just on these millions of children, but on countless others too. In severely affected areas AIDS impoverishes families, communities and entire nations through the illness and death of productive adults, shredding their capacity to care for children. The deaths of teachers, health workers and other social service staff ravage services that are crucial to fulfilling the rights of children. The consequence is that decades of hard-won gains in child survival, development and education are being unravelled, not only across wide swaths of Africa, but increasingly in Asia, Eastern Europe and the Caribbean.

Denial, stigma and poverty fuel the epidemic. There are currently 40 million people living with HIV/AIDS. Yet in several countries denial and pervasive stigma continue to block public awareness efforts, life skills services for young people and other urgently needed prevention programmes.

Poverty and HIV/AIDS thrive on each other. Sexually transmitted infections, which can magnify the risk of HIV transmission through sex by as much as twentyfold, often go untreated because people lack access to or cannot afford good health services and antibiotics. Malnutrition, unsafe water and poor sanitation multiply the risks of opportunistic infections among those affected by HIV/AIDS. Moreover, poor and marginalized communities are typically worst served by social services, with HIV-prevention efforts no exception to this rule. Impoverished children who are not in school miss out on the life skills training that is provided there. High poverty and unemployment can drive young girls, especially those with little or no education, into prostitution, leaving them particularly vulnerable to HIV infection.

Unfinished agenda: How to win against HIV/AIDS

Children and young people are key to defeating the epidemic. The behaviour and skills learned by children and adolescents will determine the course of the epidemic worldwide. Hence, young people must be provided with the information, skills and means to protect themselves against HIV, including through 'youth-friendly' sexual and reproductive health services.

Children and young people must also be involved in developing solutions. Experience has shown they can play a powerful role as peer counsellors by encouraging other young people to make safe choices about HIV.

Children and young people must be heard, if the specific needs of orphans and children living with HIV/AIDS are to move to the top of political agendas.

Girls and women must be empowered in all spheres. Unequal gender relations fuel the HIV/AIDS epidemic. This basic disadvantage must be addressed if the epidemic is to be defeated. Girls must be retained in school so they can receive the education, self-confidence and knowledge needed to negotiate safe choices. Those living in situations of violence or conflict must be given special support. Access to voluntary and confidential counselling and testing must be expanded to enable women and their partners to learn their status and to take sensible actions. Pregnant women must receive counselling on safe motherhood and childbirth. Far larger investments are needed to widely expand the use of antiretroviral drugs to prevent the transmission of HIV from mother to child.

AIDS orphans require special protection and new legislation. Policies and laws must be developed on the care of orphans based on the best interests of each child and the right to family life. Legislation must define standards of protection and care for orphans, promote legal fostering and adoption, establish fair inheritance and property rights and expand community-based care, with institutions considered only as a last resort.

Courageous public leadership is an imperative. Some regions and countries still do not fully recognize the unparalleled gravity of the threat posed by the HIV/AIDS epidemic. To develop a response commensurate to the threat, HIV/AIDS must receive highest priority in national policies, budgets and programmes. Only courageous public leadership can achieve this.

HIV/AIDS is a development priority. In many countries, the epidemic is still regarded as a health issue and addressed almost entirely through the health sector. However, as United Nations Secretary-General Kofi Annan has emphasized, the HIV/AIDS epidemic is “a crisis of governance and a crisis of leadership.” A strong, integrated approach across different sectors is a must. National responses to HIV/AIDS must be integrated into overall development strategies that promote equitable growth, generate employment and strengthen justice and democratic governance.



Immunization Plus

Nearly 11 million children under five years of age die each year, mainly from diseases that could have been prevented with one to three doses of readily available vaccines. Millions more children are weakened or disabled by these same diseases.

Immunization for preventable diseases is every child's right. Routine immunization of children is necessary to secure every child's right to health.

Immunization is a key step in the fight against poverty. Immunization and micronutrients such as vitamin A and iodine are among the most cost-effective and successful ways to combat poverty. One dose of measles vaccine costs 11 cents, yet every year many millions of dollars are spent and countless days of school and work productivity are lost because of illness and preventable disease. Once the world is polio-free, about \$1.5 billion in savings will be available to fund other development priorities.

Strengthening immunization delivery services bolsters a country's entire health care system. Equipping a country to deliver sustained routine immunization contributes significantly to reinforcing the country's entire health system – increasing health workers' skills, improving the safety and quantity of medical supplies, enabling the detection of other diseases and upgrading existing communications and transportation infrastructure.

Progress on meeting the goals of the World Summit for Children

Of the 27 goals set at the 1990 World Summit for Children, the following six are directly related to immunization and micronutrients:

- ***DPT:*** *The Summit goal was to achieve and maintain a 90 per cent coverage rate for routine immunization of DPT.* (DPT combines doses of diphtheria, pertussis and tetanus vaccine; three vaccinations – DPT3 – are needed for full protection.) This goal has not been reached on a global basis.

By 2000, global coverage of DPT3 had nearly reached 75 per cent overall, but coverage in sub-Saharan Africa has fallen and worldwide approximately 34 million children are not reached by routine immunization. The majority live in extreme poverty or are affected by armed conflict or discrimination and thus the most difficult to reach.

- ***Polio:*** *The 1990 goal was global eradication of polio by 2000.* This goal has not fully been reached but extraordinary progress has been made. More than 175 countries are now polio-free and the number of polio cases has declined from an estimated 350,000 in 1988 to fewer than 3,000 reported in 2000.

The partners in the polio eradication initiative, led by the World Health Organization, UNICEF, Rotary International and the US Centers for Disease Control and Prevention, expect to be able to certify the world polio-free by 2005.

- **Measles:** *The 1990 goal was a 95 per cent reduction in measles deaths and a 90 per cent reduction in measles cases by 1995. There has been a reduction by nearly 40 per cent in reported cases.*
- **Neonatal tetanus:** *The 1990 goal was total elimination of neonatal tetanus, an often fatal disease caused by bacteria associated most frequently with non-sterile delivery of newborns. The disease has not been eliminated, but 104 of 161 developing countries have achieved the goal and deaths have declined by more than half between 1990 and 2000.*
- **Vitamin A deficiency:** *The World Summit goal was virtual elimination by 2000 of vitamin A deficiency. Vitamin A, critical to the body's ability to fight infection, can reduce child deaths from common diseases such as diarrhoea, malaria and measles by as much as 25 per cent. For children lacking foods high in vitamin A in their diet, two vitamin capsules per year, costing just a few cents, are essential.*

Vitamin A deficiency has not been eliminated but tremendous progress has been made. In 1996, 11 countries had a 70 per cent vitamin A supplementation rate. By 2000, this had jumped to 43 countries. It is estimated that between 1998 and 2000 as many as 1 million child deaths may have been prevented through vitamin A supplements.

- **Iodine deficiency disorders:** *The World Summit goal was virtual elimination by 2000 of iodine deficiency disorders. One of the greatest success stories of the goals set in 1990 is that 90 million newborns are protected every year from the symptoms of iodine deficiency, which can include severe retardation, significant loss in learning ability and goitre. This goal has been achieved by iodizing the salt used for consumption, and is due to the concerted efforts of the World Health Organization, UNICEF, national governments and salt producers. In 1990, fewer than 20 per cent of households in the developing world used iodized salt; by 2000, 70 per cent of households did.*

Unfinished agenda: Millions of children continue to die from vaccine-preventable diseases

We know how to achieve universal immunization. But with approximately 34 million infants still not reached by routine vaccination, it is time for action! Compared to what is spent on armaments or luxuries, the resources needed to provide for the basic health needs of children are modest and affordable. That is why the United Nations General Assembly's Special Session on Children must inspire the vision and commitment needed to take action. Leaders must redirect resources within national budgets, mobilize and provide resources and expertise from the global community, civil society organizations and the private sector, to provide every child with the benefits of one of medical science's greatest inventions – immunization against preventable diseases.

New partnerships are re-energizing commitments to immunization. One major achievement in responding to stagnating global immunization rates and widening disparities in access to vaccines is the Global Alliance for Vaccines and Immunization (GAVI), formed in 1999. This powerful alliance* is dedicated to reaching the 30 million to 40 million children in developing countries who are not covered by routine immunization services. GAVI also works to ensure that children in developing countries have access to the effective newer vaccines already widely used in industrialized countries, such as those for hepatitis B and yellow fever, and to spur the development of new vaccines for the diseases most prevalent in poorer countries.

* The GAVI partners are UNICEF (current Chair of the Board), the World Health Organization, the World Bank group, the Bill and Melinda Gates Children's Vaccine Programme at PATH, the Rockefeller Foundation, the pharmaceutical vaccine industry, national governments and others.



About the Convention on the Rights of the Child

Children are born with inherent human rights. This is the basic premise of the Convention on the Rights of the Child, an international treaty adopted in 1989 and now ratified by all but two countries. This landmark treaty makes the care and protection of every person under the age of 18 – every child – a priority for everyone, especially governments.

The Convention is unique in that it is comprehensive, universal and unconditional. Even more far-reaching than its legal mandates, the Convention established new ethical principles and international norms of behaviour towards children. Further, for the first time during a United Nations treaty negotiation, non-governmental organizations (NGOs) played a leading role in deliberations.

Children are especially in need of the Convention. In most societies, there are no legal or social structures specifically dedicated to children's rights. Children are more vulnerable than adults to the conditions in which they live and to exploitation and abuse, they have no vote or political influence, little economic power and too often their voices are not heard.

The Convention has four general principles:

1. The views and voices of children are to be heard and respected. This principle means that children's opinions are important and their views and voices must be taken into account. They should also participate in decision-making processes that affect them, in ways that are appropriate for their age.
2. Children must be ensured rights without discrimination, "irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status." (Article 2.)
3. Children have a right to survival and development in all aspects of their lives, including the physical, emotional, psychosocial, cognitive, social and cultural aspects.
4. The best interests of the child must be a primary consideration in all decisions or actions that affect the child or all children. This holds true whether decisions are made by governmental, administrative or judicial authorities, or by families themselves.

The Committee on the Rights of the Child. The Committee, an internationally elected body of 10 independent experts, monitors the Convention's implementation, stimulates further action and suggests ways of addressing problems encountered, including through international cooperation. Countries must report to the Committee two years after ratifying the Convention and every five years thereafter. The Committee's observations and recommendations are supposed to be widely disseminated to the public, serving as a basis for national discussions and debates on how to improve the lives of children. NGOs and specialized agencies, such as UNICEF, support the Committee's work through advocacy and monitoring and by providing technical assistance and practical follow-up to its recommendations.

The Convention in action

The Convention is alive in every region and country of the world. More than 20 countries have incorporated child rights provisions into their constitutions and many more have adopted legislation or reformed existing legislation to ensure compatibility with the provisions of the Convention. Many governments have established bodies or mechanisms that give special priority to children. And in scores of countries, important steps have been taken to promote behavioural change and to put an end to practices that are incompatible with the spirit and provisions of the Convention.

Civil society is playing a key role. Communities have mobilized around the issues of girls' education, sexual exploitation, juvenile justice, child labour and the rights of children with disabilities. NGOs have trained and informed teachers, police officers, judges and health and social service workers about the principles and articles of the Convention. And children themselves have been heard from via conferences, opinion polls, newsletters, radio and television.

The adoption of two Optional Protocols reinforced the global commitment to the Convention. States parties reaffirmed and expanded their commitment to protecting children by adopting, in May 2000, the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict – which raises from 15 to 18 the minimum age for participation in hostilities and compulsory recruitment into armed forces – and the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography.

More than a decade after its adoption, the Convention continues to make a difference in the lives of children the world over. Yet there is much more to be done if the Convention is to reach the millions of children whose rights are unfulfilled or violated, those still out of school; those living lives of abuse and exploitation; or those separated from their families by war and conflict. The United Nations General Assembly's Special Session on Children is central to the efforts to mobilize international leadership on implementation of the Convention.



United Nations Special Session on Children

About UNICEF

UNICEF has worked to protect the lives of children around the world since it was established in 1946. From its beginnings as a relief agency for children in war-torn Europe, UNICEF today is the world's leading advocate for children and a major partner in development. Working in 162 countries, areas and territories and guided by the standards and principles of the Convention on the Rights of the Child, UNICEF aims to create conditions that enable children to live happy, healthy and dignified lives.

To gain the greatest leverage for children, UNICEF works with governments, local communities and civil society organizations, families and children. Broadening outreach further in 2001, UNICEF was one of the six founding partners of the Global Movement for Children*, a coalition of organizations and people of all ages from around the world dedicated to promoting the rights of children and to changing the world with children. The Movement has originated the 'Say Yes' campaign, which urges everyone, everywhere to do whatever is possible to support 10 critical actions to improve the lives of children and adolescents worldwide.

In 1990, UNICEF was the coordinating and support centre for the World Summit for Children, the historic event at which goals were set and commitments made on behalf of children. The General Assembly Special Session on Children at the United Nations (19-21 September 2001) is being held to review the world's efforts and progress towards the World Summit goals, and UNICEF is once again the coordinating agent for this important meeting.

Over the years, UNICEF has had many reasons to be proud: During the 1980s and 1990s, UNICEF extended life-saving, simple and cost-effective measures to children in the developing world – a breakthrough called the Child Survival Revolution – which began lowering the terrible burden of preventable disease and death, saving millions of children's lives. Now UNICEF is at the forefront of the global effort to eradicate polio, a campaign tantalizingly close to success. UNICEF is also the main supplier of vaccines to developing countries and as a member of the Global Alliance for Vaccines and Immunization (GAVI), is helping countries deliver routine immunization coverage and introduce new and underused vaccines for children. Another priority is tackling a major killer of children in Africa through Roll Back Malaria, a global campaign involving UNICEF, the World Health Organization (WHO), the United Nations Development Programme (UNDP) and the World Bank that promotes the use of insecticide-treated mosquito nets. Education remains a central concern and priority and the Global Girls' Education Programme, a major focus for UNICEF, is helping achieve the goal of a quality education for all children.

UNICEF's priorities over the next several years will build on the knowledge and experience gained. UNICEF will continue strengthening access to routine immunization and health care; ensure the best possible nutrition and a safe, healthful, loving and intellectually stimulating environment during children's early years; improve the quality of and girls' access to education; protect children from the ravages of HIV/AIDS; and buffer children from the worst effects of war and conflict and the various forms of abuse and exploitation, such as sexual exploitation, child labour and trafficking.

In 1965, UNICEF was awarded the Nobel Peace Prize for its work on behalf of children.

** Other founding partners of the Global Movement for Children are: BRAC (Bangladesh Rural Advancement Committee), Netaid.org Foundation, PLAN International, Save the Children and World Vision.*

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