OFFICIAL SUMMARY

TOWARDS A WORLD FIT FOR CHILDREN

Report on follow-up to the United Nations General Assembly’s Special Session on Children in the countries of the International Organization of la Francophonie
ACKNOWLEDGEMENTS

This report was prepared with assistance from many individuals and organizations, notably Ms. Odile Akpaka, consultant, and UNICEF offices in member and observer countries of the International Organization of la Francophonie: Albania, Belgium, Benin, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Canada, Cape Verde, Central African Republic, Chad, Comoros, Congo, Côte d’Ivoire, Czech Republic, Democratic Republic of the Congo, Djibouti, Dominica, Egypt, Equatorial Guinea, France, Gabon, Guinea, Guinea-Bissau, Haiti, Lao People’s Democratic Republic, Lebanon, Lithuania, Luxembourg, Madagascar, Mali, Mauritania, Mauritius, Morocco, Niger, Poland, Republic of Moldova, Romania, Rwanda, Saint Lucia, Sao Tome and Principe, Senegal, Seychelles, Slovakia, Slovenia, Switzerland, The former Yugoslav Republic of Macedonia, Togo, Tunisia, Vanuatu and Viet Nam.

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At the United Nations General Assembly’s Special Session on Children in May 2002, the 190 national delegations – including 69 led by Heads of State or Government – reaffirmed in the Final Declaration the obligation to “promote and protect the rights and well-being of all children” and pledged to create ‘A World Fit for Children’. The Plan of Action to achieve that goal bears out previous commitments and contributes to the implementation of the Convention on the Rights
of the Child. It was adopted by the national
delegations in the presence of many figures
from civil society and over 400 children who
actively took part in the Special Session.

Achieving the goals of ‘A World Fit for Children’
will help to improve the situation of children
and of the whole world. But if those targets
are not reached, dire consequences for children
will ensue. Governments and donors must keep
the promises they have made to children.

The present report, published for the 10th Summit
of the International Organization of la Francophonie
(IOF), which will take place in Ouagadougou
(Burkina Faso) from 26 to 27 November 2004,
reviews progress made by IOF member and
observer states and governments since the
United Nations Special Session on Children and
assesses the situation of children in those countries.
One of the commitments that countries made at the Special Session on Children was the adoption of national policies and plans of action and various mechanisms to promote and protect children’s rights and well-being. The allocation of additional resources, the involvement of civil society and the regular monitoring of the situation of children are an integral part of those commitments.
Recently available information shows that:

- Four countries have drafted a national plan of action to take into account the commitments made at the Special Session on Children in 2002. They are Albania, Canada, Tunisia and Viet Nam.

- The governments of 15 IOF countries are in the process of developing or adopting such plans: Belgium, Bulgaria, Central African Republic, Côte d’Ivoire, Egypt, France, Guinea, Guinea-Bissau, Haiti, Lao People’s Democratic Republic, Lithuania, Niger, Romania, Slovenia and Vanuatu.

- Benin, Cameroon, Congo, Mali, Mauritania and Morocco intend to develop and implement similar plans.

Occasionally in some of these member states, and often in others that have not yet developed a national plan of action, the action priorities defined at the Special Session on Children have been integrated into other planning documents, in particular Poverty Reduction Strategy Papers and various sectoral plans.
The Plan of Action from the Special Session spells out four key priorities as well as a set of goals and strategies to achieve them by the end of the present decade.

- **Promoting healthy lives:** The Special Session decided on seven goals and 25 measures to “break the intergenerational cycle of malnutrition and poor health by providing a safe and healthy start in life for all children.”

- **Providing quality education:** Six goals and 19 measures were chosen to ensure that all children have access to and complete free, compulsory and good-quality primary education by 2015.
• **Protecting children from abuse, exploitation and violence:** Five goals and 47 measures were defined to guarantee children’s right to protection from all forms of abuse, neglect, exploitation and violence.

• **Combating HIV/AIDS:** Three goals and eight measures in the very short term (by 2003 or by 2005) were adopted to fight the devastating impact of HIV/AIDS on children.
Between 1990 and 2003, nine IOF countries succeeded in reducing the mortality rates of children under the age of five by at least half: Albania, Czech Republic, Egypt, Morocco, Poland, Slovenia, The former Yugoslav Republic of Macedonia, Tunisia and Viet Nam. Other countries have not halved those rates but made clear progress nevertheless. The 10 IOF countries with the highest under-five mortality rates are all located in sub-Saharan Africa.

In 2003, 24 IOF countries reported DPT3 (three-dose series of diphtheria, pertussis and tetanus vaccine) coverage of under 80 per cent. Thirteen of them have nevertheless made progress since 1990³.

In nine IOF countries, the maternal mortality ratio is equal to or above 1,000 deaths per 100,000 live births⁴. In almost all of these countries, skilled personnel attend to less than half of deliveries.

Between 1990 and 2002, eight countries increased access to safe drinking water by 25 per cent⁵, and eight increased access to adequate sanitation facilities by at least 50 per cent⁶. Despite these efforts, comparing progress of all the world’s countries towards providing access to safe drinking water with that of the IOF countries shows that the gap has widened. In 25 IOF countries, less than half the population has access to adequate sanitation.
In IOF countries, 21,800,000 school-age children (10,200,000 boys and 11,600,000 girls, or 53 per cent of the total) are not enrolled in or do not attend school both for economic and sociocultural reasons and because of problems of education systems. Twenty-four countries post figures below the world average (80 per cent) for primary education net enrolment/attendance rates.

Nearly two thirds of IOF developing countries have reported a quantitative improvement in girls’ enrolment rates in the past 10 years. But 16 countries show a difference of 5 percentage points or more in the primary-school enrolment/attendance rates between girls and boys.

Women’s literacy is moving forward very slowly in many communities.

The Education for All Fast Track Initiative, the United Nations Girls’ Education Initiative and the ‘25 by 2005’ Acceleration Strategy are some of the steps that the international community has taken to enable education, especially the education of girls, to make the strides necessary for individuals and countries to develop.
PROTECTING CHILDREN FROM ABUSE, EXPLOITATION AND VIOLENCE

Awareness-raising campaigns, programmes and legislative reforms to uphold children’s right to protection are under way in several IOF countries. In 20 countries, at least one quarter of children are not registered at birth. Early marriages and female genital mutilation/cutting seem to be declining under the impact of laws and information campaigns, but resistance, more or less strong depending on the country, is an obstacle to change. To counteract the repercussions of armed conflict, governments, with UNICEF’s backing, have trained community organizers for children without parental support and continued demobilizing children associated with armed groups and forces. In developing as well as industrialized countries, initiatives are under way to address the issues of young people in difficulty or in conflict with the law.

Laws and steps have been taken following the ratification by 45 IOF countries of the International Labour Organization’s Convention 182 concerning the Prohibition of the Worst Forms of Child Labour, but there is still a very long way to go. Francophonie countries have strongly reacted to the scourge of child trafficking and exploitation, with bordering states and even countries in the same region signing agreements to combat these violations of children’s rights.

The involvement of civil society organizations is especially important in addressing the various issues relating to child protection, given their multisectoral character.
The HIV/AIDS pandemic is having a devastating impact on the most vulnerable families and communities, including children. With a single exception, all the IOF countries with an HIV/AIDS prevalence rate of over 3 percent among adults (15–49 years old) are in sub-Saharan Africa. In the same region, 20 IOF countries have a total of 2,500,000 children aged 0 to 17 orphaned by AIDS. Over half of them live in Burkina Faso, Côte d’Ivoire and the Democratic Republic of the Congo.

In many countries, despite awareness-raising campaigns, young people and women remain poorly informed, and many of them are unaware of the risks of HIV/AIDS. The lack of awareness is all the more serious since an increasing number of women are coming down with the disease.

Progress has been made in the care of people living with HIV/AIDS, and many people are joining forces to obtain certain treatments, but stigmatization and sharply limited access to health care are major stumbling blocks.

Most of the countries hardest hit by the pandemic have drafted strategic plans to combat AIDS or integrated them into Poverty Reduction Strategy Papers. Nevertheless, despite commitments by governments and civil society, the response to the pandemic so far fails to reflect the impact that HIV/AIDS has on individuals, families and communities, which should make it a priority issue.
In some IOF countries, the share of the budget allocated for debt repayment and military expenses is a major obstacle to investment in basic social services, especially those targeting children. The average share that governments allocate to health is 4 per cent for developing countries and 5 per cent for industrialized countries. During 1999–2002, five developing countries in the IOF were able to earmark over 20 per cent of their public expenditure for education: Benin (31 per cent), Rwanda (26 per cent), Mauritania (23 per cent), Côte d’Ivoire (21 per cent) and Madagascar (21 per cent).

Luxembourg is the only member country of the IOF and the Development Assistance Committee (DAC) of the Organization for Economic Co-operation and Development to achieve the goal set for the international community of allocating 0.7 per cent of its gross national revenue (GNR) for official development assistance (ODA). In the 1990–2002 period, France, Canada and Belgium cancelled the highest amount of bilateral debt.
OFFICIAL DEVELOPMENT ASSISTANCE

<table>
<thead>
<tr>
<th>Country</th>
<th>ODA/GNR 2000</th>
<th>ODA/GNR 2002</th>
<th>Rank* in DAC according to ODA/GNR</th>
<th>Rank* in DAC according to ODA in $</th>
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<td>10&lt;sup&gt;th&lt;/sup&gt;</td>
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*Ranks in 2002.

Commitment at the highest state level is a decisive factor in the success of public action for children. Many countries of la Francophonie have moved forward by leaps and bounds in defining policies and strategies for child health, education and protection. But the constraints, including financing, poverty, structural and institutional limitations and emergency situations, are real and many. Concerted, multisectoral action is increasingly necessary; effective coordination not only enables better planning, but above all leads to the sharing of positive initiatives and a lower-cost synergy of actions.

The theme of the 10th Summit – “Solidarity for sustainable development” – presupposes that Francophonie countries share a common response to
present-day challenges, especially those confronting African countries. The New Partnership for Africa’s Development (NEPAD) puts the estimated annual total of additional expenses for investment devoted to children and human development in Africa at approximately $20.5 billion\textsuperscript{11}. International mobilization around the Millennium Development Goals, the Monterrey Consensus to bring together the national and economic conditions necessary to meet the Millennium Declaration objectives, and the growing participation of civil society, especially young people, are major opportunities for achieving the goals of ‘A World Fit for Children’.

Arming children against HIV/AIDS, making girls’ education universal and protecting children from all forms of violence are the most urgent challenges for many developing countries in the IOF.
The following processes and mechanisms will help achieve the goals of ‘A World Fit for Children’ in IOF countries:

- **The creation of national children’s councils**, associated with the highest levels of government, would help push children’s issues to the forefront of the political agenda and facilitate cooperation between ministries and with civil society organizations.

- **Cooperation with civil society** on both national and local levels should be maintained and even strengthened for the implementation and monitoring of plans, strategies and policies affecting children.

- **Partnerships could be created ‘horizontally’,** including between towns and provinces, and on the regional and global levels. For example, coalitions of journalists, artists, elected officials and young people, among
others, could be formed in order to pool energy, skills, political commitment and funds.

- To strengthen synergy, it is necessary to ensure convergence of the data required to monitor the Millennium Development Goals and those of the Convention on the Rights of the Child and ‘A World Fit for Children’.

- Providing feedback, sharing thoughts with stakeholders and participatory debate should take place at various levels. Information usually moves from the local level up to meet the demands of the highest levels, but is seldom used by the local players.

- In the African peer review mechanism, it would be desirable to grant a major role to comparing the education, mortality and malnutrition levels in countries with expected performances based on gross national revenue. Such a comparison would fuel thought and debate on the roots of failure or success in relation to a benchmark.

- IOF countries are invited to support the African peer review mechanism by encouraging the participation of children and young people, who in many countries have contributed to plans of action for ‘A World Fit for Children’. It is important for such participation, a real opportunity, to continue in order to implement those plans.
Under-five mortality is a scandal that in many cases could be avoided with achievable actions if the necessary material, financial and human resources kept pace with political will. Some of these actions include:

- providing prenatal and post-natal care and care for newborns, especially for women and children in areas where services are lacking
- preventing mother-to-child HIV/AIDS transmission
- promoting exclusive breastfeeding of children for the first six months of their lives
- ensuring full immunization of children under one year old by ensuring that the vaccination rate reaches at least 80 per cent in every district or administrative unit
• increasing the systematic use of insecticide-treated mosquito nets to reduce the prevalence of malaria

• improving access to safe water and adequate sanitation

• promoting the use of oral rehydration in the event of diarrhoea

• ensuring household food security

• providing micronutrient supplements

• taking preventive steps to reduce child injuries due to accidents.

The integrated development of young children is the first step in any process to achieve the goals of ‘A World Fit for Children’. All countries, even those with low revenues, can respect children’s rights and provide universal access to basic social services for the achievement of the Millennium Development Goals and the implementation of the Millennium Declaration in a space of solidarity for sustainable development.
NOTES

1 Information in this section is derived from annual reports of UNICEF country offices, which make up elements of the UNICEF Francophonie database as of 24 April 2004. National plans of action were to be developed by the end of 2003.

2 Burkina Faso, Burundi, Chad, Côte d’Ivoire, Democratic Republic of the Congo, Guinea-Bissau, Mali, Mauritania, Niger, Rwanda. From here on, unless otherwise indicated, the data used in this report are UNICEF data provided for *The State of the World’s Children 2005*.

3 Cambodia, Cameroon, Chad, Democratic Republic of the Congo, Guinea, Guinea-Bissau, Haiti, Lao People’s Democratic Republic, Madagascar, Mali, Mauritania, Niger, Senegal.

4 Burkina Faso, Burundi, Central African Republic, Chad, Guinea-Bissau, Mali, Mauritania, Niger, Rwanda.

5 Burkina Faso, Cameroon, Central African Republic, Chad, Haiti, Mali, Mauritania, Rwanda.

6 Benin, Cameroon, Democratic Republic of the Congo, Haiti, Madagascar, Mauritania, Niger, Viet Nam.

7 In descending order: Rwanda, Cameroon, Sao Tome and Principe, Cambodia, Togo, Madagascar, Lao People’s Democratic Republic, Equatorial Guinea, Côte d’Ivoire, Benin, Guinea, Haiti, Democratic Republic of the Congo, Burundi, Senegal, Mauritania, Central African Republic, Guinea-Bissau, Mali, Chad, Djibouti, Comoros, Niger, Burkina Faso.

8 Benin, Burundi, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d’Ivoire, Democratic Republic of the Congo, Djibouti, Guinea, Guinea-Bissau, Lao People’s Democratic Republic, Mali, Niger, Senegal, Togo.

9 Benin, Burundi, Cambodia, Central African Republic, Chad, Côte d’Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Guinea, Guinea-Bissau, Haiti, Lao People’s Democratic Republic, Madagascar, Mali, Mauritania, Niger, Rwanda, Sao Tome and Principe, Senegal, Viet Nam.

10 Burundi, Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Côte d’Ivoire, Democratic Republic of the Congo, Gabon, Guinea, Rwanda, Togo. Haiti also has an adult HIV/AIDS prevalence rate of more than 3 per cent.

“The future of children cannot be conceived without a more global debate on the future of our planet, whether it is focused on the fight against poverty, the promotion and protection of cultural diversity or the democratization of access to information and communication technologies. These are all areas in which children, our children, play an active part, where the Francophonie is active and continues to be committed to contribute to the implementation of the Declaration for children.”

Statement by the International Organization of la Francophonie at the UN Special Session on Children, May 2002.