Leadership

Children’s elections in Mexico
Birth and broken promises

There was high excitement in the village, the kind of joy and optimism that only a new baby can bring. Ayodele was a beautiful baby, full of limitless potential, her whole life before her. For this moment, as should be the case at the birth of any child, everyone set aside their fears and doubts about the future, their anxieties about family health and growing enough food. They congratulated the baby’s parents and contemplated the resurgent hope that new life always brings.¹

At the same time, on the other side of the Atlantic, there was a birth of a different kind, one to which great hope was also attached. An unprecedented number of country presidents and national leaders gathered in New York for the World Summit for Children. It was September 1990, a time of unusual optimism in the world.

¹Birth and broken promises

Schoolchildren in Zimbabwe
### Goal 1

**For children and development in the 1990s**

#### Reduce infant and under-5 mortality rate (U5MR) by 33%

<table>
<thead>
<tr>
<th>Trend</th>
<th>14% reduction with 3 million fewer child deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990 U5MR</td>
<td>94 per 1,000 live births</td>
</tr>
<tr>
<td>2000 U5MR</td>
<td>81 per 1,000 live births</td>
</tr>
<tr>
<td>2010 goal</td>
<td>Further 33% reduction</td>
</tr>
</tbody>
</table>

**Comments:** 63 countries achieved the goal of a 33% reduction and in over 100 countries deaths in children under 5 were cut by 20%.

#### Immunization 1980-1999, DPT3 coverage

The child-health revolution, begun decades earlier, was in full swing during the 1980s as a worldwide immunization drive saved millions of young lives. The cold war was over and there was widespread expectation that money that had been spent on arms could now be devoted to human development in a ‘peace dividend’. The World Summit for Children seemed in itself a sign that the world had moved into a new and brighter phase in which its policy makers and politicians could gather to consider how to guarantee children a better life rather than to deal with the implications of superpower rivalry.

The World Summit reflected the world’s hopes for children. Leaders promised to ratify the Convention on the Rights of the Child, which had been unanimously approved by the United Nations General Assembly just the year before. They signed on to ambitious goals to reduce child mortality, increase immunization coverage, deliver basic education and a whole raft of other measures by the year 2000. There was hope that the combination of a specific legal framework together with an action plan with time-tied, concrete goals would transform children’s lives worldwide over the decade to come. Children’s survival, development, protection and education were no longer matters of charitable concern but of legal obligation. The Declaration to which the world’s leaders signed their name was bold and unequivocal: “The well-being of children requires political action at the highest level.” The cause of children, for perhaps the first time in human history, was at the top of the world’s agenda.

Eleven years on

Ayodele is now 10 years old, going on 11 – and, though she does not know it, she has been let down. Her life is much the same as it would have been for a girl of her age in 1990. She is hard at work. The grain needs to be pounded for the nightly meal. This job is far from being her first of the day: She has already collected four large bowls full of water, which she has carried back to her family’s compound on her head; she has helped in the fields, cleaned the house and has looked after her younger brothers and sisters. Yes, she would like to go to school, but it is very expensive to buy the books and, besides, her family needs her at home.

Ayodele’s life provides one small piece in the jigsaw of evidence that shows that the most optimistic assessments both in her own village and in New York at the time of her birth have not been realized. While she survived her first five years of life, two of her siblings born since the World Summit did not, dying from childhood diseases against which they could have been immunized or which were easily treated. Ayodele’s learning potential was far from realized. Schools are not the only place in which learning occurs, and she has grasped, by precept and example, many of the important skills she will need to negotiate life in the village and beyond. But she cannot read or deal with any but the most basic ideas of number; she has no knowledge of the world beyond her local town; and she has no idea of her own rights.

Children of the 1990s

One child cannot stand for the whole world, but the picture for the human family in its entirety, while it has some bright spots that were a lot darker back in 1990, reflects a largely unfulfilled promise to children like Ayodele. The group of children born at the start of the last decade of the 20th century was the largest generation of children the world has ever known. If all those born at the time of the World Summit were reduced proportionately to a cohort of 100 children, what would they look like? – and what would their experience in the last 10 years have been?
Goal 2

For children and development in the 1990s

Reduce maternal mortality ratio by 50%

<table>
<thead>
<tr>
<th>Trend</th>
<th>No change – 515,000 women die every year as a result of pregnancy and childbirth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>NA</td>
</tr>
<tr>
<td>2000</td>
<td>400 maternal deaths per 100,000 live births</td>
</tr>
<tr>
<td>2010 goal</td>
<td>33% reduction</td>
</tr>
</tbody>
</table>

Comments

There has been a small increase in the percentage of births that are attended by skilled personnel in some 53 countries where maternal mortality is generally less severe. But, other than this limited change in a single proxy measure, no other changes in global maternal mortality ratios have been shown.

Risking death to give life

<table>
<thead>
<tr>
<th>Region</th>
<th>Lifetime chance of dying in pregnancy or childbirth*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>1 in 13</td>
</tr>
<tr>
<td>South Asia</td>
<td>1 in 54</td>
</tr>
<tr>
<td>Middle East/North Africa</td>
<td>1 in 55</td>
</tr>
<tr>
<td>Latin America/Caribbean</td>
<td>1 in 157</td>
</tr>
<tr>
<td>East Asia/Pacific</td>
<td>1 in 283</td>
</tr>
<tr>
<td>CEE/CIS and Baltic States</td>
<td>1 in 797</td>
</tr>
<tr>
<td>Least developed countries</td>
<td>1 in 16</td>
</tr>
<tr>
<td>Developing countries</td>
<td>1 in 61</td>
</tr>
<tr>
<td>Industrialized countries</td>
<td>1 in 4,085</td>
</tr>
<tr>
<td>World</td>
<td>1 in 75</td>
</tr>
</tbody>
</table>

* Affected not only by maternal mortality rates but also by the number of births per woman.

Sources:

Of the 100 children, 55 would have been born in Asia, including 19 in India and 18 in China. Eight would have come from Latin America and the Caribbean, seven from the Middle East and North Africa, 16 from sub-Saharan Africa, six from CEE/CIS and Baltic States and eight from industrialized countries.

The births of 33 of these children went unregistered: As a result they have no official existence, no recognition of nationality. Some of them have no access to health facilities or to school without this official proof of their age and identity.

Around 32 of the children suffered from malnutrition before the age of five and 27 were not immunized against any diseases. Nine died before the age of five. Of the remaining 91 children, 18 do not attend school, of whom 11 are girls. Eighteen of the children have no access to safe drinking water and 39 live without sanitation.

The difference between the life experiences and living conditions of these 100 children and a comparable cohort of 11-year-olds in 1990 is not anything as great as the international community would have wished when it began its undertakings a decade ago. Eleven years on from the World Summit, world leaders are again to gather in New York to consider the state of the world’s children, looking back over the years since the fine words of the Declaration were expressed and since key, specific goals were set to improve children’s lives. The data presented to them will show that the progress has been patchy, the record a mixture of conspicuous achievement and dispiriting failure.

Meeting the goals – and falling short

The first goal of the World Summit was to reduce the rates of infant and under-five mortality by one third between 1990 and 2000. Overall the reduction was 14 per cent – a significant improvement, which means that 3 million more children a year are now surviving beyond their fifth birthday than was the case a decade ago. More than 60 countries actually achieved the one-third reduction, including most countries in the European Union and North Africa and many others in East Asia, Oceania, the Americas and the Middle East (see Goal 1).

But, the global picture conceals a massive disparity in achievements between regions and nations. Some rich countries did not achieve the goal while some very poor countries managed, by dint of huge effort and effective policies, to reach it. The tragedy of the HIV/AIDS epidemic in Africa in particular not only sent some countries’ child-mortality rates soaring after decades of improvement but also acted as a drag upon the global figure.

In the case of one of the major causes of child mortality, diarrhoea, the world actually achieved its goal of slashing death rates in half. The goal set in relation to measles was even more ambitious: a 95 per cent reduction in the number of deaths from measles and a 90 per cent reduction in measles cases by 1995. Over the whole decade, measles cases have declined by nearly two thirds, still a remarkable achievement. The target for neonatal tetanus was also appropriately bold: to eliminate it completely by 1995. At the latest count, 104 of 161 developing countries have achieved that goal – and 90 per cent of all remaining neonatal tetanus is in just 27 countries.

Polio was slated for complete eradication by 2000. Again, the progress has been extraordinary without the goal quite being reached. More than 175 countries have been certified polio-free, and the world now looks to be on target, provided the commitment remains there, to eradicate polio by 2005 at the latest. At that point it will become the second disease, after smallpox, to be completely

Leaders on behalf of children

Henita Asinsaun is only 15 years old, but she’s already a veteran in organizing and activism: In her home town of Malaian Bobonaro, East Timor, she trains women in how to run meetings, organize a budget and set and achieve their goals.
Immunization plus...

Cecilia Soriano, 42, lives with her husband and eight children in a shanty in Manila. Since she was pregnant with her daughter, Katherine, who is now five, Cecilia has been troubled by night-blindness. Initially, she thought her vision problems were a routine part of being pregnant. Then, after her baby was born, she thought she was just getting old. But when Katherine began coming home covered with scrapes, scratches and bumps on her forehead after playing outside at dusk and frequently complaining about her eyes, Cecilia became alarmed. She sought the help of Nenita Ito, a community health worker, who encouraged Cecilia to go to the public health centre. The doctor diagnosed both Cecilia and Katherine as having night-blindness due to vitamin A deficiency (VAD).

Affecting about 100 million young children worldwide, vitamin A deficiency is the leading cause of blindness in children in developing countries. Even mild deficiencies can compromise a young child’s immune system, reducing resistance to such child-killer diseases as measles, malaria and diarrhoea. Children with vitamin A deficiencies face a 25 per cent greater risk of dying from childhood illnesses than those with an adequate intake of this micronutrient or those whose diets are fortified or supplemented on a regular basis with vitamin A capsules.

In the early 1990s, the Government of the Philippines promoted vitamin A supplementation and full immunization of children through National Immunization Days and Micronutrient Days. As a result of vigorous campaigns, nearly 90 per cent of Filipino children aged six or younger were covered from 1993 to 1996. In 1998, these campaigns were integrated into a more comprehensive programme, which twice yearly provided children aged six and younger with vitamin A supplementation, routine immunization, deworming, iron supplementation, and iodized salt testing and distribution. Mothers and caregivers were educated about breastfeeding, hygiene and the advantages of using iodized salt.

Leticia Bancairen, a community health worker, remembers trekking to remote villages of the B’laans, one of five major indigenous groups in the Sarangani Islands, to urge mothers to take their children to the health centre. Eighty-five per cent of the target population received a second dose of vitamin A in 2000. But despite these campaigns against VAD, it still remains a major threat to the lives of Filipino children, in particular to those who are the most impoverished.

Reducing vitamin A deficiency by having at least two rounds of vitamin A supplementation per year with at least 70 per cent coverage among children aged 6 to 59 months was one of the goals set at the 1990 World Summit for Children. Progress has been made over the past 10 years – the number of developing countries providing vitamin A supplementation to 70 per cent or more of children under five has risen from 11 nations in 1996, to 27 in 1998, and 43 in 1999. As many as 1 million young lives may have been saved in the last three years alone through vitamin A supplementation.

But, despite the success of vitamin A campaigns to date, new distribution systems must be established – or existing primary health care systems must be strengthened – if the world is to meet its challenge of reducing infant and under-five mortality rates by two thirds by 2015. For this to happen, every child must receive, at a minimum, regular immunizations and vitamin A supplementation.

Children in the poorest countries are the least protected by vaccines and regular immunizations from dying before they are five years old, and the gap is growing between these children and those in the industrialized world who have such life-savers readily available.

Committed to closing this gap, the Global Alliance for Vaccines and Immunization (GAVI) was formed in 1999 with the goal of reaching the 30 million to 40 million children in developing countries who are not immunized. The GAVI partners – which include national governments, UNICEF, the World Bank Group, the World Health Organization, the Bill and Melinda Gates Children’s Vaccine Program, the Rockefeller Foundation, the International Federation of Pharmaceutical Manufacturers Associations and public health and research institutions – hope to significantly expand the reach and effectiveness of immunization programmes country by country.

GAVI also aims to make underused vaccines, such as that for yellow fever and new vaccines such as hepatitis B and Haemophilus influenza type b (Hib), available to all children at risk by 2002 and 2005, respectively. Through a global network of international development organizations, multilateral development banks, philanthropic organizations, private sector leaders and other parties, GAVI promises to further energize the world’s commitment to its youngest citizens.
conquered through human will and solidarity. Meanwhile, the number of reported cases of guinea worm disease declined over the decade by 97 per cent. Only 13 countries in Africa and one country in the Middle East are now affected.

The child-health achievements are mixed with concern that what in 1990 seemed like unstoppable progress towards universal child immunization has stalled somewhat in the decade since. It is now clear that the levels of immunization at the time of the World Summit were actually lower, at 73 per cent, than was assumed at the time. Not only has the Summit goal of 90 per cent coverage not been achieved, but the world has struggled to maintain about the same levels of coverage: Over a quarter of the world’s children (around 30 million infants) are still not reached by routine immunization. In sub-Saharan Africa only 47 per cent of children are immunized against diphtheria, whooping cough and tetanus.

In the field of nutrition, the primary goal was to cut malnutrition rates among children under five by half. Although this was more than achieved in South America, the decline in developing countries was only 17 per cent. In Asia, where more than two thirds of the world’s malnourished children live, the drop in child malnutrition rates was relatively small, from 36 per cent to 29 per cent, while in sub-Saharan Africa the absolute number of malnourished children has actually increased (see Goal 3).

On the other hand, two of the micronutrients identified at the World Summit for Children as key to preventing ‘hidden hunger’ – vitamin A and iodine – have been success stories of the 1990s. The lack of vitamin A can lead to blindness and make children more susceptible to illness, but can be prevented by fortification of food or the distribution of capsules as part of immunization campaigns. Between 1996 and 1999 the number of countries with 70 per cent or higher coverage in vitamin A rose from 11 to 43 (see Panel 1).

Iodine deficiency, meanwhile, which is the main cause of preventable mental retardation, is most easily addressed through the simple process of iodizing salt. The goal of virtually eliminating iodine deficiency disorders has not been met, but the percentage of people in developing countries consuming iodized salt has gone up from under 20 per cent to around 72 per cent. Given this progress, the elimination of iodine deficiency disorders by 2005 looks to be a realistic prospect, though it will require both effort and commitment, since there are still 37 countries where less than half of the households consume iodized salt.

The World Summit goals of universal access to safe drinking water and sanitary means of excreta disposal by 2000 have not even been neared during the 1990s. The percentage of people with access has gone up in both cases – from 79 per cent to 82 per cent for water, and 55 per cent to 60 per cent for sanitation. But this still leaves around 1.1 billion people without safe water and 2.4 billion people without adequate sanitation, the vast majority of the latter group being in Asia (see Goals 4 & 5).

The goal of universal access to basic education is also still far from being achieved. Net primary enrolment ratios increased in every region but there are still more than 100 million children out of school and many more than that who receive an education of poor quality. The gender gap – the difference between the school enrolment and completion rates of boys and girls – is still too wide, even if it has closed fractionally overall and narrowed significantly in most countries in the Middle East and North Africa. There was a modest decline in adult illiteracy which fell well short of the 50 per cent cut that had been hoped for (see Goal 6).

Leaders on behalf of children

Caroline Awuor Agwanda is a Kenyan who hasn’t let a disability stop her from being an entrepreneurial leader: At only 24, she is an established businesswoman who employs 20 artisans in her shop, HOPE, and supports her 11-member family.
Goal 3

For children and development in the 1990s

Reduce severe and moderate under-5 malnutrition by 50%

<table>
<thead>
<tr>
<th>Trend</th>
<th>17% reduction in developing countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>32% in developing countries</td>
</tr>
<tr>
<td>2000</td>
<td>27% in developing countries</td>
</tr>
<tr>
<td>2010 goal</td>
<td>33% reduction, with special attention to children under two</td>
</tr>
</tbody>
</table>

Comments: The total number of malnourished children in developing countries fell from 177 million to 149 million.

Falling far short

It is in the area of women’s health, however, where countries have made no discernable progress – a reflection of women’s continuing low status in many societies. The aim was to reduce maternal mortality rates by half but there is no evidence that there has been any significant decline. A related goal of giving all pregnant women access to prenatal care and trained attendants during childbirth has been hardly met: only 29 per cent of births in South Asia are attended and only 37 per cent in sub-Saharan Africa (see Goal 2).

UNICEF is determined to focus attention on the unfinished business, on the children who, like Ayodele, have not yet been reached. The world should be under no illusion: Despite the progress that has been made, the last decade has been a missed opportunity of tragic proportions.

Human pain, human ingenuity

When leaders are talking of millions of people, the individuals involved are too easily reduced to ciphers, their pain translated into statistics and trends. But every one of the children born since 1990 has a name and a story; every one of them has the right to health, learning and protection, the right to their full potential and the right to participate in shaping their world – rights which have in all too many cases been violated.

Why have children’s rights continued to be abused? Are child poverty and ill-health monsters that will always be with us, unbanishable, unbeatable? Must the exploitation of children be a fact of life forever?

Think again. In that same decade humanity showed its enormous ingenuity and technological capacity over and again. The understanding of humans’ genetic make-up increased with every passing year and could within a generation make even the most intractable diseases, from cancer to cystic fibrosis, less terrifying and life-threatening than they have been to all previous generations. A mammal, Dolly the sheep, was cloned for the first time ever – and later gave birth to normal, healthy lambs. In the 1990s, the Internet went from being the plaything of a privileged few to a mass medium that promised to change our whole way of perceiving the world: By the year 2000, over 300 million people were estimated to be using the Internet, making this by far the fastest-growing communication tool ever.2 The $2 billion Hubble Space Telescope, the most complex and sensitive space observatory ever constructed, was launched into orbit in 1990; a US spacecraft docked with the Russian space station Mir in 1995 in an historic advance both in terms of technology and of international cooperation; and in 1998, a Russian rocket took into orbit the first component of the new International Space Station, which is the most expensive single object ever built.3 By the end of the decade, no less than $1.5 trillion was changing hands each day in speculation on the international currency markets.4

Presented with these extraordinary developments, is there anyone who could seriously maintain that the world leaders’ declaration of intent for children in 1990 represented an impossible dream? The resources and technological know-how are there. That this wealth and these skills have not been fully harnessed to deliver a world fit for children is, then, a result of misguided leadership and a dereliction of duty.

Leadership

Governments, as well as international institutions, must be held accountable for their leadership in putting the rights and well-being of children above all other concerns. And those that fail to do so must also be held accountable.

Leaders on behalf of children

Brazilian journalist Ambar de Barros founded ANDI, an acronym in Portuguese for the News Agency on Children’s Rights, a news organization for mobilizing and training journalists to promote social equity, and investigation and debate of the problems of street children and youth.
## Universal access to safe drinking water

<table>
<thead>
<tr>
<th>Trend</th>
<th>3 percentage point increase with 816 million additional people now having access</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>79% (4.1 billion)</td>
</tr>
<tr>
<td>2000</td>
<td>82% (5 billion)</td>
</tr>
<tr>
<td>2010 goal</td>
<td>33% increase</td>
</tr>
<tr>
<td>Comments</td>
<td>1.1 billion people still lack access.</td>
</tr>
</tbody>
</table>

## Universal access to sanitary means of excreta disposal

<table>
<thead>
<tr>
<th>Trend</th>
<th>5 percentage point increase with 747 million additional people now having access</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>55% (2.9 billion)</td>
</tr>
<tr>
<td>2000</td>
<td>60% (3.6 billion)</td>
</tr>
<tr>
<td>2010 goal</td>
<td>33% increase</td>
</tr>
<tr>
<td>Comments</td>
<td>2.4 billion people still lack access, including half of all people living in Asia.</td>
</tr>
</tbody>
</table>

### Improved water coverage, change over period 1995-2000

![Improved water coverage, change over period 1995-2000](chart-image)

### Improved sanitation coverage, change over period 1995-2000

![Improved sanitation coverage, change over period 1995-2000](chart-image)

Ensuring the rights and well-being of children is the key to sustained development in a country and to peace and security in the world. Meeting this responsibility, fully, consistently and at any cost, is the essence of leadership. Heads of State and Government hold the lion’s share of this responsibility but commitment and action are also called for across the board: from community activists and entrepreneurs, from artists and scientists, from religious leaders and journalists – and from children and adolescents themselves.

The United Nations Secretary-General, in his report at the time of the Millennium Summit, stated: “No shift in the way we think or act can be more critical than this: we must put people at the centre of everything we do. No calling is more noble, and no responsibility greater, than that of enabling men, women and children, in cities and villages around the world, to make their lives better.”

Each of us has the opportunity to demonstrate leadership as we go about the everyday business of our lives by taking the extra moment to ask: ‘How does this decision, this choice, affect the lives of children?’

It was leadership that the late Julius Nyerere exercised when he built the nation of Tanzania on what he described as the “values of justice, a respect for human beings, a development which is people centred, development where you care about people…” When Nyerere first became Prime Minister of the newly independent nation in 1961, 85 per cent of the adult population was illiterate and there were two trained engineers and 12 doctors. When he retired as President in 1985, there was a 91 per cent literacy rate, thousands of engineers, doctors and teachers had been trained and nearly every child in the United Republic of Tanzania was in school.

Today, H. E. Maumoon Abdul Gayoom, President of the Maldives, is among those contemporary Heads of State who use their positions of leadership to invest generously in the social sector, particularly in programmes benefiting children. In the Maldives, the investment in the country’s youngest citizens has resulted in some of the best social indicators in the region such as low infant mortality rates and good basic education and literacy rates for this nation of islands.

Ordinary people are just as capable of showing leadership as are prime ministers and presidents. Head teachers show leadership, for example, when they admit children into school despite their families not being able to pay the required fees – recognizing the higher costs to the child, the family and the community of keeping the child out. Parents show leadership, when in communities where it is normal only to send sons, they send their daughters to school – and when they resist social pressure to withdraw the girls for early marriage.

Nine sheikhs from Somalia showed leadership in 2000 when they travelled to attend a course at Al-Azhar International University Centre for Islamic Studies in Cairo, on the harm that female genital mutilation (FGM) inflicts on girls and women in various cultures throughout the world. As did Dr. Ahmed R.A. Ragab, an Islamic scholar and gynaecologist, who visited every area of the country to conduct targeted sessions in communities about the disastrous medical implications of FGM. As a result, not only has the Awdal region in the north-west of Somalia declared the total eradication of FGM to be a priority goal but religious leaders and most civilian authorities have also rallied around the cause of eliminating FGM – a significant breakthrough in a country where over 95 per cent of girls have hitherto been mutilated in this way (see Panel 2).

In Namibia, leadership is being shown in the My Future is My Choice programme by secondary-school graduates who receive 10 days of training.

Leaders on behalf of children

With five of her friends and $720 in funding from Netaid.org Foundation, 15-year-old Kuheli Battacharya has been an inspiration to teens and adults alike by running a vaccination clinic for poor children in her community of Pune, India. “If we don’t care,” she asks, “who will?”
Ourèye Sall used to earn her living performing female genital cutting in Senegal. Not even when one of her daughters nearly haemorrhaged to death three decades ago, after being cut by her grandmother, could Ourèye stop. Culture and tradition were too strong. Plus it was her only source of income. But in 1997, together with others in her village, Ourèye put down her knives.

Female genital cutting, the removal of part or all of the female genitalia, has existed for thousands of years. Yet during the past four years, 282 villages in Senegal, representing approximately 220,000 people, have stopped the practice. The villages did not stop female genital cutting in response to outside pressure or national laws. Instead, it was a grass-roots movement arising from the people that put an end to the practice. Ourèye Sall is a leader in that movement.

She holds her head up high as she speaks to villagers, religious leaders, government officials, journalists and the international community about her decision to stop cutting and her role in helping to end the practice throughout Senegal.

This movement to end female genital cutting began in the village of Malicounda Bambara. Villagers decided to abolish the tradition after participating in a UNICEF-funded basic education programme run by the NGO, ‘Tostan’ (“breakthrough” in Wolof, a local tongue). Unlike literacy programmes of the 1970s and 1980s, which involved teacher-led discussions and letter and syllable repetition, Tostan depends on a participatory process where learners sit in a circle and use role-playing, singing, proverbs, poetry and theatre.

In 1997, two years after Tostan first began, women of Malicounda Bambara, with the support of their husbands and religious leaders, ended female genital cutting in their community. Citing human rights articles and negative health consequences for their daughters, the women had begun a movement of cultural change.

A shorter version of that original programme is now in place in over 400 villages in Burkina Faso, Mali, Senegal and Sudan, with similar results. Without a doubt, the practical, student-focused classes are what led to the groundswell of social activism. The straightforward programme focuses on technical information. Beginning with human rights education and collective problem-solving, the core of all other modules, the class learns about hygiene, oral rehydration, immunization, financial and material management, leadership, group dynamics, women’s health and income-generating options. Each module incorporates village customs, language and traditions to create a respectful environment that matches the participants’ learning styles. Social mobilization activities assure the learning process is participatory and relevant to the community.

As they move through the programme, learners become more at ease with discussing once taboo issues. The Tostan programme gives facts, not judgements. It’s up to the participants to decide what to do with the new information they’ve received. “If you impose on me, I’ll fight,” says Demba Diawara, the Imam from Keur Simbara who walks from village to village in his campaign to end female genital cutting. “But if I am allowed the dignity in his campaign to end female genital cutting. “But if I am allowed the dignity and space to decide, I will fully cooperate.”

One activity begun in the classroom and carried to neighbouring villages is a play. The class members act out the story of Poolel, an eight-year-old girl who is to undergo the ancient rite of circumcision. Like other girls her age, she is to become a ‘real woman’ who will be clean, respectable and marriage-ready.

As the play evolves, Poolel goes through this rite of passage but bleeds profusely. Fearful that the young girl will die, the family takes her to the health clinic nurse. The nurse arranges for Poolel to go to the regional hospital where she dies the next day.

After discussing the play and their feelings and answering questions about female genital cutting, many classes have concluded that the ancient practice must stop. Bolstered by their new understanding of the rights of women and children, the participants are galvanized to protect their daughters, granddaughters, nieces and other village girls.

“African women are such incredible mothers and do so much for their children,” says Molly Melching, the director of Tostan. “To say they are mutilators is offensive. Female genital cutting was an act of love to protect their daughters’ honour. Ending the practice to protect their daughters’ human rights and health is now their act of love.”

In Senegal, the real impetus for abandoning female genital cutting is at the grassroots, where women, men and religious and traditional leaders are engaged in a dynamic collaboration.

Since the movement has taken hold, the Senegal Parliament has passed a national law abolishing the ritual. While laws may be supportive of the people’s actions, the real power lies in village declarations. These public decrees tip the balance. Where once women like Ourèye Sall could not stop cutting for fear their daughters would not be able to find husbands, now it is just the opposite.
enabling them to facilitate a life skills training course including up to 22 adolescents between 15 and 18 years of age. Between 1997 and the middle of 2000, the programme had reached 74,000 young people and should meet its target of training 80 per cent of 15- to 18-year-olds by the end of 2001.9

Costa Rica provides an excellent example of how leadership can transform the fortunes of a country – and particularly of its children. On 1 December 1948, President José Figueres abolished the army. “The army hands over the keys to the barracks, to be converted into a cultural centre,” he said. “We are the sustainers of a new world in America. Little Costa Rica offers its heart and love to civilian rule and democracy.”10

Figueres believed that democratic institutions would only grow strong in Costa Rica if the army was disbanded. He also saw the opportunity to promote the rights of children at the same time: He transferred the whole defence budget to the Education Ministry at a stroke. More than 50 years later, Costa Rica is still seeing the benefits of this enlightened position. Leaders and governments have come and gone in the decades since Figueres left the scene but, whether from the left or the right, none of them has disturbed the legacy that has long given the country the best human-development indicators in the region. Right through the terrible decade of the 1980s in which death squads and torture corroded the neighbouring societies of El Salvador, Honduras and Guatemala, and while a disastrous armed conflict was being fought in Nicaragua, Costa Rica maintained its steady, peaceful progress. In 1999, under-five mortality, often the most reliable index of human development because it measures an outcome rather than an input, stood at 14 per 1,000 in Costa Rica, compared with 60 in Guatemala, 47 in Nicaragua and 42 in El Salvador and Honduras.

“We really did spend the money on schools and health,” says economist Boris Segura. “Armies are a waste of money. It’s that simple.”11

Across the globe, where children in Afghanistan have suffered disproportionately from the country’s decades of internal armed conflict, it is worth noting that there have also been impressive acts of leadership in the years 2000 and 2001. During 2000, four National Immunization Days were completed in Afghanistan, with an average of 5.4 million children reached with the polio vaccine in each case; five further immunization rounds are planned for 2001. In every case so far, the polio eradication activities have been conducted in conditions of tranquillity: Both the warring factions and all their local commanders have respected the peace, recognizing the overarching importance of the vaccination campaign.12

Facing HIV

Conflict is one of the main blockages on the road to child rights; another is HIV/AIDS. On an international level, the industrialized countries have taken insufficient responsibility for the global battle of the human family against the virus. Each of the wealthiest nations took immediate and urgent action from the mid-1980s to counter the spread of the epidemic within their own populations, through activism, public-education campaigns and health initiatives. Yet once there were signs that the epidemic had been contained within their own countries, too many governments responded with complacency about what was happening around the world. Governments of industrialized countries paid narrow attention to their own disease statistics and turned a blind eye to the tragedy unfolding in developing countries. Only as the millennium loomed did they realize that in this arena national borders are insignificant and that we are likely to stand or fall together.

Leaders on behalf of children

Asserting that female genital cutting “mutilates the mind as well as the body,” former European Union Commissioner Emma Bonino has launched a campaign to have FGC recognized as a fundamental abuse of human rights and to change Europe’s asylum policy for women at risk who are seeking refugee status.
For children and development in the 1990s

**Universal access to basic education and completion of primary education by 80% of children**

<table>
<thead>
<tr>
<th>Trend</th>
<th>Increasing, with a narrowing gender gap. There are now more children in school than there ever were before</th>
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<tbody>
<tr>
<td>1990</td>
<td>78%</td>
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<tr>
<td>2000</td>
<td>82%</td>
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<tr>
<td>2005 goal</td>
<td>Elimination of gender disparities in primary and secondary education</td>
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<tr>
<td>2010 goal</td>
<td>A further 50% reduction of children not in school and a net primary school enrolment of at least 90%</td>
</tr>
<tr>
<td>Comments</td>
<td>While net primary enrolment is increasing at a higher rate than population growth, there are still more than 100 million children without access to basic education, 60 million of them girls. These are overwhelmingly working children, children affected by disability, HIV/AIDS or conflict, children of poor families, children of ethnic minorities, children in rural, peri-urban and remote areas and, above all, girls.</td>
</tr>
</tbody>
</table>

**Primary school enrolment (net), change over period 1990-1998**

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<tr>
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</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>54</td>
<td>60</td>
<td>67</td>
<td>74</td>
<td>74</td>
<td>76</td>
<td>84</td>
<td>94</td>
<td>88</td>
<td>92</td>
</tr>
<tr>
<td>South and West Asia</td>
<td>60</td>
<td>67</td>
<td>74</td>
<td>76</td>
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<tr>
<td>Arab States-North Africa</td>
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<td>Latin America and Caribbean</td>
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<td>Central Asia</td>
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<tr>
<td>East Asia and Pacific</td>
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</table>

**Reduce adult illiteracy rate to 50% of the 1990 level**

<table>
<thead>
<tr>
<th>Trend</th>
<th>16% decrease, although the number hovers around 880 million due to population growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>25% (895 million illiterate adults)</td>
</tr>
<tr>
<td>2000</td>
<td>21% (875 million illiterate adults)</td>
</tr>
<tr>
<td>Comments</td>
<td>Illiteracy has become concentrated regionally in South Asia and sub-Saharan Africa. It has also become concentrated among women.</td>
</tr>
</tbody>
</table>

The UN Security Council debated AIDS for the first time in January 2000, recognizing that the disease presents a threat to international peace and security. Later that year UNAIDS Executive Director Peter Piot said: “No doubt, the year 2000 can be described as the year when the problem of AIDS was recognized also as a political problem…. It is sad but true: the main decision makers hardly showed any interest until it was brought home to them that productivity and economic growth were being seriously affected.”

The profound impact of the epidemic on the lives of children and their families threatens not only individual lives and spirits but our collective hopes for humanity. In his report to the Millennium Summit in 2000, UN Secretary-General Kofi Annan urged “that every seriously affected country have a national plan of action in place within one year of the Summit;” recommended explicit goals for reducing HIV infection rates; challenged the developed countries to come up with effective and affordable vaccines against HIV through public-private partnerships; called for better care and support for those living with HIV/AIDS; and proposed that governments, the pharmaceutical industry and international institutions work together to ensure that HIV-related drugs are widely accessible where they are needed.

In his February 2001 report to the Special Session of the UN General Assembly on HIV/AIDS, the Secretary-General spoke of the AIDS epidemic as a “crisis of governance and a crisis of leadership.” And he went further to say that “leadership – at the global as well as the country level – is the single most important factor in reversing the epidemic.”

Just a few months later, in what has become an intense campaign at the highest levels of international cooperation, the Secretary-General launched a ‘Call to action’ at the African Leaders’ Summit on HIV/AIDS, Tuberculosis, and other Infectious Diseases in April 2001, proposing a multi-billion dollar a year Global AIDS and Health Fund, with support to come from donor and developing country governments and the private sector. Mr. Annan has made the personal pledge of the $100,000 grant he is to receive along with the Philadelphia Liberty Award.

Taking every opportunity to impress the need for such a full scale assault against HIV/AIDS, the Secretary-General followed up with a series of meetings, including an international consultation in June 2001 with more than 200 representatives from 50 countries, multilaterals and NGOs, private foundations and others, aimed at having the fund operational as soon as possible. Responses to the Secretary-General’s call have come from governments, the private sector and the foundation world, including $1 million from Winterthur Insurance, a Credit Suisse Group company and, in an extraordinary action, $100 million from the Bill & Melinda Gates Foundation, the largest private donor to date.

In June 2001, the United Nations General Assembly convened its first ever special session on a disease as high-level national delegations pledged a global commitment for greater efforts at the national, regional and international levels and concrete targets for action to fight the epidemic and reverse its deadly course. In a Declaration of Commitment, ‘Global Crisis – Global Action’, the Assembly outlined priority areas for action to be: prevention, improved access to care and treatment, care of children orphaned by AIDS, expanded public/private partnerships, multisectoral responses and a significant infusion of financial support.

The impact of HIV/AIDS is crushing the attempts of countries all over the world to put human development and the rights of women and children first. In the Latin American and Caribbean region, for example, an

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**Leaders on behalf of children**

**Geoffrey Canada** grew up in Harlem on the streets of one of New York’s roughest neighbourhoods – and stayed, dedicating his life to helping children and their families at risk of drugs, violence and other threats with programmes for education, housing and non-violence.
For children and development in the 1990s

Improve protection of children in especially difficult circumstances

The categories are broad: working children, children in armed conflict, refugee children, sexually abused/exploited children, incarcerated children, children with disabilities and children from socially disadvantaged groups. Data are especially hard to find for these children, due to the secretive, illegal or pervasive nature of these activities.

AIDS and child mortality

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>64%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>50%</td>
</tr>
<tr>
<td>South Africa</td>
<td>50%</td>
</tr>
<tr>
<td>Namibia</td>
<td>48%</td>
</tr>
<tr>
<td>Kenya</td>
<td>35%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>26%</td>
</tr>
<tr>
<td>Zambia</td>
<td>25%</td>
</tr>
<tr>
<td>Liberia</td>
<td>22%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>20%</td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>17%</td>
</tr>
</tbody>
</table>

Percentage of under-five child mortality due to AIDS, projected for the years 2000-2005


Percentage births not registered, 1998

One third of all births or 40 million births every year are NOT registered

<table>
<thead>
<tr>
<th>Region</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>78</td>
</tr>
<tr>
<td>Central Asia</td>
<td>44</td>
</tr>
<tr>
<td>Asia and Pacific</td>
<td>35</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>19</td>
</tr>
<tr>
<td>Americas</td>
<td>8</td>
</tr>
<tr>
<td>Europe</td>
<td>3</td>
</tr>
<tr>
<td>World</td>
<td>33</td>
</tr>
</tbody>
</table>
estimated 210,000 adults and children contracted the virus in 2000, bringing the total number of people living with HIV to 1.8 million. Haiti is the worst affected country in the region, with an estimated 74,000 children orphaned by AIDS.17

But the epidemic is at its most devastating in southern and eastern Africa where, after decades of steady improvement, life expectancy figures are plummeting to the levels associated with the pre-independence, colonial period. Africa's experience of HIV/AIDS over the last 10 years has diverged so dramatically and terrifyingly from that of industrialized countries not because a plague has hit it at random, still less because its sexual traditions are different, but rather because of its poverty: AIDS is the most savage index of the inequality of our world. Any infection thrives in conditions of poverty, malnutrition and unsafe water: It is as true of HIV/AIDS as it is of tuberculosis and measles.

The industrialized nations have markedly failed to show the requisite global leadership in the field of HIV/AIDS. Nevertheless, leadership has also been required of the African countries bearing the main brunt of the epidemic – and the responses of individual governments to its mounting threat have been markedly varied. Some have seemed for many years determined to pursue an ostrich-like approach, taking no account of the rising tide of infection in the region until it became an unstoppable flood. In contrast Uganda, it is widely recognized, took on a leadership role in the late 1980s and early 1990s: The Government there launched huge public-education campaigns that educated people about how HIV is transmitted, promoted the use of condoms and talked about the need for safe sex. President Yoweri Museveni himself showed leadership on the issue, talking openly about the virus and its sexual transmission route despite widespread taboos in the region against such frank discussion of sex. As a result, while no one would underestimate the pain and loss Ugandans have suffered at the hands of HIV/AIDS, the country has brought the epidemic under control: Its HIV-infection rate has dropped from 30 per cent of adults in the early 1990s to 10 per cent, one of the lowest rates in the eastern part of Africa.

When a country finds itself in such dire circumstances the need for leadership becomes all the more desperate. In Botswana, the Government has started on the long and painful road to recovery by becoming the first country in Africa to launch a national programme to prevent mother-to-child transmission (MTCT) of HIV. A pilot project in the cities of Francis-town and Gaborone started in April 1999 and is being extended nationwide between July 2000 and December 2001. It provides pregnant women with information and education, and voluntary and confidential counselling and testing, and provides antiretroviral drugs for those who are HIV positive, during their pregnancy and labour, as well as AZT syrup for the baby in its first month of life.18

Africa does not provide the only leadership models in the field of HIV/AIDS. Thailand also deserves great credit: It was the first Asian nation to recognize that it had a major HIV/AIDS problem and to make tackling the disease an urgent priority. Warned by the catastrophic losses in Africa, Thai officials attacked their HIV epidemic at an earlier stage, launching extensive education campaigns. The ‘100% Condom Campaign’ became national policy in 1991 and condom use was not only heavily promoted, particularly to the young, but the Ministry of Public Health also started providing 60 million condoms a year free of charge, mainly to sex workers. Condom use soon increased by over 30 per cent and new HIV infections were radically reduced.19

Leaders on behalf of children

“If children need peace, they must do something.” This is the motto of Farid Dadashev, an 11-year-old from Azerbaijan, who collected more than 1,000 signatures in his work in the Azerbaijan Child to Child Peace Network.
Children at the centre of policy

The Government in Mauritius, meanwhile, has shown leadership in dealing with the growing problem of child abuse and commercial sexual exploitation of children. It has set up a Child Protection Unit in partnership with UNICEF, the British High Commission and the NGO Soroptimist International. Officers of the unit have been trained and sensitized over a two-year period by child-protection experts from the United Kingdom and hundreds of children have already benefited from the greater understanding the unit has fostered. Meanwhile, the Government has also made substantial efforts to tackle child abuse at other levels, with an expansion of its early childhood development (ECD) programmes and extensive ‘better parenting’ education schemes.

Some national governments have shown leadership by recognizing the paramount importance of a particular policy and moving heaven and earth to bring it about. The decision by Malawi in 1994 to guarantee universal free primary education was just such a case. This was an enormously popular move that resulted in school attendance skyrocketing from 1.9 million to 2.9 million. The school system is still straining to meet the demands – but the fee-free schooling remains in place. As might be expected, moreover, a government that shows such a commitment to human development in one area is setting a similar example in others. Malawi has made women’s empowerment a priority, formulating a national gender policy in 2000 as well as joining other countries around the world in organizing the campaign ‘16 Days of Activism to Stop Violence Against Women’. In addition, the Government has sustained immunization levels over 80 per cent: There were no cases of measles during 2000 and there have been no cases of polio since 1992.

Cambodia, China and the Lao Peoples’ Democratic Republic have also set particularly good examples in the field of immunization. Through multiple National Immunization Days and a movement-based approach backed by strong governmental commitment, both China and Lao PDR reached the goal of polio-free status by the end of 2000. Cambodia has gained the same status, succeeding in eliminating polio in three years despite huge obstacles. In 2000, the country showed a particular commitment to spreading the benefits of immunization to people in remote, underserved areas, reaching more of these – 65 per cent – than ever before. In Thailand, meanwhile, immunization is all but universal: The Government sustains the vaccination programme out of its own budget and has stressed that it is capable of ensuring that no children under five die of vaccine-preventable diseases. The goal of freedom from polio has also been achieved by Pacific Island Nations, which are also well placed to eliminate measles and neonatal tetanus – seven countries in the region have achieved and maintained 90 per cent immunization coverage.

On a more general level, in recent years there have been national governments that have demonstrated leadership in attempting to protect the rights and improve the lives of children – and other national governments that have a distressingly poor record. Oman’s reduction in under-five mortality has been spectacular over the last two decades – child deaths have fallen from 146 in 1980 to 16 in 1999, an indication of the particular commitment that the Government, and especially its Health Minister, Dr. Ali bin Mohammed bin Moosa, has shown to the cause of children’s health.

Jamaica, meanwhile, has shown an encouraging willingness to recognize that children need to be placed at the centre of policy and programmes and the Government is establishing a Child
Development Agency that will have a broad brief to monitor, evaluate and set standards. It is also taking the problems of adolescents more seriously than ever before by establishing a National Youth Development Centre and putting a national youth policy in place.24

Venezuela’s abolition of fees for hospitals and health centres and of enrolment fees for primary education has been another extremely positive recent move – as has been the incorporation of the Convention on the Rights of the Child into the Constitution and the new law for children and adolescents.25 In Syria, a new initiative to provide second-chance education for 75,000 adolescent girls is a practical demonstration of the Government’s increasing commitment to enhancing the status of women.

In Cape Verde, the Government has shown a laudable commitment to devoting resources to children: Throughout the 1990s it dedicated 29 per cent of its budget to sectors directly linked to children’s development and has boosted this to 34 per cent in the last two years, hugely outstripping the 20 per cent of budgets that the 20/20 Initiative recommends.26

**Corporate leadership**

But instances of leadership are by no means confined to the public sector. The chief executive of a corporation who transcended the narrow criteria of ‘competitiveness’ or the norms of similar companies by introducing strict ethical standards against child labour and in support of families would similarly be setting an example. This kind of private-sector far-sightedness can be seen in Cambodia, where Mr. Bun Barang, the dealer who controls almost all of the country’s salt, has committed to iodizing 60 per cent of his production in 2001 and 100 per cent of that in 2002.27

There is ample room for demonstrating that corporations are capable of this kind of enlightened and ethical leadership in the world’s fight against HIV/AIDS. The Coca-Cola Company recently announced that it would put its enormous distribution network – which manages to get soft drinks to nearly every nook of the African continent – to help bring condoms, testing kits and literature to remote clinics. Coca-Cola is one of many corporations that have joined the Global Business Council on HIV and AIDS, an effort to mobilize the private sector that is chaired by William Roedy, president of MTV Networks International and includes such companies as AOL Time Warner, MAC Cosmetics and Unilever.28

The Brazilian Government, backed by a strong social movement, has proved beyond doubt that full-scale treatment of AIDS patients is possible in the developing world. Since 1997, every AIDS patient in Brazil has received for free the same triple cocktails that keep people alive in North America and Europe. This has meant, for example, that seven-year-old Emerson, who has had HIV since birth but was not diagnosed until he was six, is still living a healthy, happy life. As a result Brazil has halved its AIDS death rate, cut the transmission rate and stabilized the epidemic.

But Brazil has only been able to do so by making copies of brand-name drugs, which it has been doing since 1998. The cost of those medicines has, as a result, been slashed: The triple cocktail in Rio de Janeiro costs $3,000 a year compared with $15,000 in New York, and Brazil expects to bring the annual cost down to as low as $700 in the near future.

The strength of Brazil’s social movements in the 1990s resulted in the Government adopting and maintaining a radical AIDS policy. José Sarney, Brazil’s first civilian President after military rule and a Senator in 1996 when he heard about the success of the triple cocktail, supported it as a priority even for the poorest: “I saw...
Liberia still bears the scars of the civil war that lasted from 1989 to 1997. One hundred and fifty thousand people were killed, 1 million people internally displaced and 666,000 Liberians were driven from the country. Perhaps most horrifying, however, 15,000 children – some as young as six years old – were trained as soldiers. With so many lives stolen and the country’s infrastructure destroyed, there seemed little hope for the children of Liberia.

Yet, somehow, the country has become stronger and its people more determined and there is no better illustration than the children themselves, who were once used as tools for destruction but who now work diligently to improve their lot.

Sixteen-year-old Solomon is one example of a youth determined to change his destiny. Once a member of one of the most feared groups of boy soldiers, Solomon now participates in a UNICEF-supported reintegration and life skills programme. Struggling to overcome his tragic past, he explains, “I want to get the bad, bad things out of my heart.” Asked what he hopes for the future, he replies in a soft voice, “I want to go back to school. I want to be born again as a child.”

Liberia is filled with cases of children who are being ‘born again’. While civil unrest, international sanctions and poor social conditions continue to create challenges for children, it is their optimistic spirit that promises the rebirth they seek.

“Children went and fought with the rebels and they still act like rebels,” explained Magistrate Perry about juvenile crime in Liberia. In the past, children who were seen to be problematic were placed in detention with adults and exposed to harsh corporal punishment and abuse. This, however, only served to increase and perpetuate the problem. In response, UNICEF and the Office of the Chief Justice launched an effort to renovate courthouses so that they included juvenile hearing areas. Magistrates received training about juvenile justice. UNICEF sponsored a trip for the Chief Justice of Liberia to travel to Namibia and South Africa to observe their juvenile justice programmes. By the end of 2000, juvenile justice programmes had been established in four counties where detention of minors has been reduced by 95 per cent.

For the first time in Liberia’s history, juveniles are receiving special consideration from the courts. Deputy Inspector David White, a veteran police officer in the town of Tubmanburg, says the training he received has made a difference. “I used to handle children wrong. I would handle them roughly,” he confesses. “Now, we have been told not to treat juveniles as criminals. Treat them as if they are your own children.”

Instead of ‘bad children’, it is ‘bad circumstances’ that are addressed and helpful solutions sought. Youth offenders are now referred to organizations where counsellors bring families together to work out problems and where they receive vocational skills training. Zoe Thomas is one beneficiary of this effort. The 19-year-old woman works intently at a foot-powered sewing machine, making a child’s dress. “I want to be a better person,” she says. “I want to work and help myself.” Other youth affected by war have learned to make agricultural tools out of decommissioned weapons in order to help their communities.

Children who were robbed of basic education because of the civil war participate in a UNICEF-sponsored accelerated learning programme which allows underage students to return to school and make up what they missed. A 22-year-old man in the grade 3 to 4 class declares, “I came back cu’ I wanted to learn. I hope to be a medical doctor someday.”

Entire communities are infused with attitudes of optimism and a willingness to work, despite past disappointments and hardship. When WHO, UNICEF and the Liberian Ministry of Health approached Bong County to participate in the polio eradication campaign, there was full participation at every level, from governments to households. In 2000, six rounds of mass vaccinations were carried out, and the nation achieved total coverage of 90 per cent. Bong County achieved an incredible 100 per cent. “We don’t usually fail in this county,” beamed the county superintendent.

Children are not only assisted but also play a significant role in assisting others. Radio C’est la Vie, launched in March 2000, is run mainly by children who, “educate both children and adults in a wide range of social issues,” explains Korlu Willie, a ninth grader. For instance, the station “teaches kids how to take care of themselves, to listen to their parents. Sometimes we interview girls who are not going to school and who leave their parents and get involved with men and get pregnant. It is good for children to speak out because they learn more. They listen to other children.”

When the helpless become the helpers, when the victims become victors, when the children become the saviours, the world must listen. The world must learn.
that most of the medicine in the cocktail would not be available to the poor, and I felt that we were talking about the survival of the species.” Senator Sarney proposed a law guaranteeing every AIDS patient this treatment and the bill passed. At the beginning of 1999, Brazil’s economy was in dire trouble and the Government came under huge pressure to cut the budget by ditching the AIDS programme. Supported by civil society, President Fernando Henrique Cardoso held firm, sure that the far-sighted policy had to stand.

There is ample room for the pharmaceutical corporations to demonstrate their sense of responsibility and imagination in response to the challenges posed by HIV/AIDS. A start in this respect has been made by Bristol-Myers Squibb Company, which announced that it would sell its patented AIDS medicines, didanosine and stavudine, for $1 a day to any African country working to combat the disease with the help of key international agencies, including UNICEF. The initiative comes in the wake of strong local and international pressure. The students of Yale University in the United States, for example, launched a major campaign insisting that the University, which earns $40 million a year by holding the patent for stavudine, use its influence to ensure that AIDS drugs were made available at low cost in Africa and other poor countries. In addition, an Indian drug producer offered to make a generic version of stavudine available at a price so significantly lower that it could be within the reach of hard-hit health systems in sub-Saharan Africa.

More recently still, Pfizer offered to make fluconazole – used to treat a fungal brain infection common in AIDS patients – available for free in the least developed countries and will spend $11 million to build a training centre in Uganda for doctors fighting AIDS. GlaxoSmithKline announced that it will provide three AIDS drugs and a malaria medication at cost to 63 of the world’s poorest countries. And in a decision long fought for by AIDS activists, a group of patent-holding pharmaceutical companies dropped its challenge to the South African law that would allow the production of cheaper drugs. These are promising, welcome initiatives but there is still much more to be done.

Some private companies have shown a different kind of leadership in finding a way in which hi-tech, cutting-edge commerce can serve the needs of the poorest. Finnish mobile-phone giant Nokia, for example, has launched child-oriented social initiatives in many countries, including supporting the Little Master newspaper in China, developing the business skills of South African youth and participating in a mentoring programme in Germany. “As we share in the belief that prevention is better than cure,” the company says, “we take part in long-term projects aimed at helping young people create a firm foundation for themselves and their future.” The sale of mobile phones has also benefited Palestinian children: The Egyptian company MobiNil donated $140,000 of its proceeds to UNICEF programmes in the West Bank and Gaza. Meanwhile in Bangladesh, GrameenPhone is donating $2 to UNICEF for every mobile phone sold. Cisco Systems Inc. has entered into partnership with the UN Development Programme to create Netaid.org, which is playing a vital role in building a Global Movement for Children in the lead-up to the UN General Assembly’s Special Session on Children in September 2001.

It is not only ‘new-generation’, hi-tech companies that are showing leadership for children, however. The Tata Iron Company in India, which was a founding partner of the UN Global Compact with the private sector, runs an extensive and integrated maternal and child health programme for both employees and

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**Leaders on behalf of children**

Every street child in Addis Ababa knows Gash Abera Molla, the foundation started by Ethiopian artist and musician Seleshe Demesse to fight environmental degradation in the city. Some 13,000 children and adolescents, many of them street children, have mobilized to help clean-up the city and to landscape areas that were former eyesores.
“All children should have the right to study,” “The right to enjoy their parents care,” “the right to play.”

Youth, China

“The most important thing for me has been the opportunity I have had to express my feelings, to say what I feel, this is the difference with other schools, where that does not happen.”

Sara, eighth-grader, Dominican Republic, speaking about her school

“I think that as Salvadorans we have to recognize that the earthquakes of 13 January and February were very hard, and that without the help of the international community, we would still be looking for solutions that, thanks to their help, we have already resolved. The responsibility is not that of a man or a name, we all share it, from the smallest to the biggest…”

Rosenberg, 18, El Salvador

“Children have the right to experience happy moments, too.”

Girl, 12, Germany

“In my opinion, the worst image of young people in the media is when they show that young people are indifferent.”

Efthimis, 15, Greece

“I thought it would be a failure. I thought of myself as an ambassador for teens everywhere. If I failed people would label the next generation irresponsible and useless. I need to prove people wrong.”

Kuheli, 15, India, on a vaccination project funded by Netaid.org

“We as a young people behind our appearances as bad teenagers or good or anything, we still need [to] let people know that we still have brain and dare to speak that we think it is true.”

Seira, 20, Indonesia

[Involvement in decision-making] “gives you a feeling of cooperation, makes you feel like a grown up, and gives you self-confidence.”

Youth, Islamic Republic of Iran

 “[We] want to work with other young people, we also want to be a part of the solution.”

Youth, Jamaica

“The teenagers on TV are different with the reality and common of us. They are splendid and the miniature of adult.”

Ji-Hye, 12, Republic of Korea

“It is good for the children to speak out because they learn more. They listen to other children.”

Korlu, ninth-grader, Liberia

“We have to work from within and not wait for other people to do everything.”

Youth, Peru

“If I could change one thing about the world, it would be that children and young people are involved in all decisions that affect their lives. There should be a shadow youth council for all government councils so that young people can review and have an input in what goes on in their area.”

Claire, 17, United Kingdom
others who live within a 50-kilometre radius of its production headquarters. Tata routinely spends 10 per cent of its profits on social-service activities.36

Personal leadership
The idea of leadership is normally associated more with individuals than with organizations. It is important to recognize that the most inspirational examples of leadership are often those by ordinary people who through their extraordinary actions show what is possible (see Panel 3).

Individuals who use their celebrity and popular respect for the greater social good can also have a huge influence. A classic example of this kind of leadership on behalf of children came in October 1999 when 23 of the leading intellectuals in Latin America and the Caribbean issued a moving and outspoken manifesto challenging governments and citizens throughout the region to put aside their differences and establish a ‘social pact’ for the region’s 192 million children and adolescents. The group – which included writers Carlos Fuentes, Gabriel García Márquez, Elena Poniatowska and Ernesto Sábato – warned of the dire consequences for all if business as usual continues. “In Latin America,” said Uruguayan writer Eduardo Galeano, “the majority of children are poor, and the majority of the poor are children. Society uses them, punishes them, sometimes kills them: it almost never listens to them and it never understands them.” The Chilean novelist Isabel Allende added: “Millions of children die of neglect that is cruelly tolerated by society. And we are all part of that society. You and I. Our governments have all ratified the Convention on the Rights of the Child. Let’s demand that it be respected.”

If a global opinion poll were to be conducted asking people which living person on the international stage best embodied the concept of leadership, it is virtually certain that Nelson Mandela would come out near or at the top. The former President of South Africa has been an inspiration to people all over the world not merely because of his leadership of a transparently just cause – the enfranchisement and liberation of black people in his country from apartheid – nor even because of the immense self-sacrifice involved in spending 27 years in prison for his profoundly held principles. Since his retirement from the presidency ‘Madiba’ (as he is respectfully known) has continued to work tirelessly for the mass of people who are denied their rights, using his immense moral presence on the international stage for good – notably in attempting to resolve conflict and build peace in many quarters of the African continent.

Along with Graça Machel, a former Minister of Education in Mozambique and a world leader on the issue of children caught up in armed conflict, Madiba has dedicated himself to the cause of children’s rights. With UNICEF and other key children’s agencies, Machel and Madiba aim to enlist the commitment of world leaders to do whatever it takes to deliver a world fit for children. “The future of our children lies in leadership and the choices leaders make,” they have said. “We call on those we have called on before to join us in a new global partnership that is committed to this change. We invite those whom we have never met to join us in the global movement for children.”37

Leaders on behalf of children

Twenty-four-year-old journalist Kodjo Djissenou has been a human rights leader and activist for half of his life: In 1994 in his native Togo he founded La Conscience, an NGO that educates and organizes for human rights and democracy. La Conscience is also the name of the newspaper he publishes that is written entirely by young people. “If there is hope for change,” Djissenou says, “it lies with the nation’s young people.”