Emerging issues for children in the twenty-first century

Summary

General Assembly resolution 54/93 of 7 December 1999 calls upon the United Nations Children’s Fund (UNICEF) to assist in the process of preparation for the special session of the General Assembly in 2001 for follow-up to the World Summit for Children. In operative paragraph 9 of the resolution, the Secretary-General is requested, with the support of UNICEF, to assist the preparatory committee in providing substantive input to the process, including a report on emerging issues. The present report analyses emerging issues for children in the twenty-first century and makes proposals for future action for children.

The report reviews the progress for children since the World Summit in 1990 and draws on lessons learned over the course of the decade. It examines major challenges facing children: deepening poverty and greater inequality; proliferating conflict and violence; the deadly spread of HIV/AIDS; and continuing discrimination, particularly against women and girls. The report argues that major progress in human development is possible within a single generation if the global community will commit to three key areas: the best possible start for children in their early years; a good quality basic education for every child; and an enabling environment for adolescents as they develop their capacities.

The Executive Director of UNICEF wishes to draw the attention of the UNICEF Executive Board to this document, which is presented for information. The views of the Executive Board will be transmitted to the preparatory committee of the special session as a conference room paper, for information, at its substantive session to be held from 30 May to 2 June 2000.

# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Paragraphs</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Introduction</td>
<td>1–7</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>A. Special session of the General Assembly</td>
<td>4–7</td>
<td>3</td>
</tr>
<tr>
<td>II.</td>
<td>World changes since 1990</td>
<td>8–32</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>A. Evolution of development thinking</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>B. Children at the centre</td>
<td>9–11</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>C. Social, political and economic changes</td>
<td>12–16</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>D. The scorecard for children and adolescents</td>
<td>17–32</td>
<td>5</td>
</tr>
<tr>
<td>III.</td>
<td>Assessing the past</td>
<td>33–39</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>A. Universal basic social services</td>
<td>34–36</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>B. People-centred development</td>
<td>37–39</td>
<td>8</td>
</tr>
<tr>
<td>IV.</td>
<td>Challenges for the future</td>
<td>40–62</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>A. Poverty</td>
<td>41–45</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>B. Armed conflict and other types of violence</td>
<td>46–51</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>C. Discrimination</td>
<td>52–54</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>D. HIV/AIDS</td>
<td>55–56</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>E. The creation of an enabling environment</td>
<td>57–60</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>F. Enhancing participation</td>
<td>61–62</td>
<td>12</td>
</tr>
<tr>
<td>V.</td>
<td>Future actions for children</td>
<td>63–88</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>A. A good start in life for all children</td>
<td>66–73</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>B. A good quality basic education for all children</td>
<td>74–81</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>C. Enabling all adolescents to develop their capacity and participate in their societies</td>
<td>82–88</td>
<td>15</td>
</tr>
<tr>
<td>VI.</td>
<td>Achieving major human development progress within one generation</td>
<td>89–93</td>
<td>16</td>
</tr>
</tbody>
</table>

**List of figures**

1. The growing gap between rich and poor countries
2. Under-investment in basic social services
3. Declining aid efforts
I. Introduction

1. Ten years have passed since the World Summit for Children and the entry into force of the Convention on the Rights of the Child, which galvanized thinking and action in support of children worldwide. The experience of that decade and an assessment of many years of development work, together with a world changed profoundly since 1990, have prompted a new way of looking at children’s rights and well-being — and their central role in human development as a whole.

2. The time is right to formulate future actions for children that are based on the commitments, unfinished business and lessons of the last decade, and that provide both a vision and a framework. It is also a time for dialogue and consensus among a wide range of partners who share a common concern for children’s rights and human development. It is hoped that this dialogue will lead to agreement on future priorities for the well-being of children and to clearer global objectives and indicators to assess progress.

3. Future actions for children must challenge all countries to aim for significant human development gains within one generation. This is a feasible proposition if children’s and women’s rights are respected, protected, facilitated and fulfilled, and if those in positions of power and influence at all levels commit themselves to achieving a set of priority outcomes for children within the next 10 to 15 years.

A. Special session of the General Assembly

4. Future actions for children in the twenty-first century must be guided by the Convention on the Rights of the Child, which was adopted by the United Nations General Assembly in resolution 44/25 of 20 November 1989 and has since been almost universally ratified. The Convention is a statement of children’s rights — rights to adequate living standards, to health care, to protection from abuse, to an education and to freedom from discrimination. It defines a child as anyone under 18 years of age and applies to all children — the poor and the well-off, girls as well as boys, minorities and the disabled. It calls on societies to listen to children, to enable them to express their own views and to participate in decisions that affect them. While many of the rights established in the Convention remain unrealized for the majority of the world’s children, it is an essential touchstone against which to assess the situation of children and a normative frame of reference for strategies and action.

5. The adoption of the Convention on the Rights of the Child set the stage for the World Summit for Children, the largest gathering of world leaders in history until that time. Held at United Nations Headquarters in New York in September 1990, the Summit brought together 71 heads of State or Government and delegations from an additional 88 countries to consider the situation of children around the world. The Summit adopted the World Declaration on the Survival, Protection and Development of Children and a detailed Plan of Action that set forth a vision of a “first call for children”, by establishing 7 major and 20 supporting goals that were, for the most part, both quantified and considered achievable by the year 2000.

6. Following the World Summit for Children, General Assembly resolution 45/217 of 21 December 1990 urged all States and other members of the international community to work for the achievement of the Summit goals, and called for international solidarity to support developing nations in their pursuit of these goals. The Declaration and Plan of Action were endorsed by 181 countries, and 155 countries subsequently prepared national programmes or plans of action for children.

7. On 16 December 1996, following a mid-decade review, the General Assembly, in resolution 51/186, welcomed the significant progress made by most countries in achieving the mid-decade goals and objectives of the World Summit, and decided to convene a special session in 2001 to review the achievement of its goals. On 7 December 1999, the Assembly adopted resolution 54/93, “Special session of the General Assembly in 2001 for follow-up to the World Summit for Children”, which scheduled the special session to take place in September 2001. The resolution outlined the process of preparations for the special session and established an open-ended preparatory committee to lead the process. Resolution 54/93 also called upon UNICEF to support the Secretary-General in assisting the preparatory committee to provide substantive input to the process, and at the special session. UNICEF was requested to prepare the present report on emerging issues to inform the deliberations of the first substantive preparatory

II. World changes since 1990

A. Evolution of development thinking

Development can be seen ... as a process of expanding the real freedoms that people enjoy... Despite unprecedented increases in overall opulence, the contemporary world denies elementary freedoms to vast numbers — perhaps even the majority — of people.

Amartya Sen

8. The last two decades have seen a convergence in development thinking in favour of the centrality of human rights as the normative underpinning of human development — with an emphasis on the fulfilment of basic human needs and the development of human capacities as key indicators of a nation’s development. This approach considers improvement in people’s well-being and the enlargement of the choices open to them to be the central aim of development. Within this approach, macroeconomic indicators such as gross national product (GNP) are seen as essential supporting components of people-centred development, but not as the objectives of development itself. The women’s movement and other movements to end discrimination and protect vulnerable groups, at both global and local levels, have helped to maintain and strengthen this focus on people.

B. Children at the centre

9. The starting point of international development strategies that emphasize equitable human development is quite naturally the rights and well-being of children. It is children whose individual development and social contribution shape the world’s future, and it is through children that intergenerational cycles of poverty, exclusion and discrimination can be broken. This view infused the principles of the Convention on the Rights of the Child; inspired the World Summit for Children; and generated a global principle of “first call for children” as a guide to policy, resource allocation and programmatic activities. Also key to children’s rights and well-being is the Convention on the Elimination of All Forms of Discrimination against Women, which was adopted by the United Nations General Assembly in 1979 and entered into force in 1981. Together, these two treaties provide universally agreed norms and standards against which policies and strategies for children and women can be tested, objectives defined and progress measured.

10. The principles of the two Conventions are reaffirmed in numerous declarations and programmes of action adopted at international conferences in the 1990s. The Vienna Declaration and Programme of Action, adopted in 1993 at the World Conference on Human Rights, highlights the need to protect children in a range of harmful circumstances and devotes a section to children’s rights. The 1994 International Conference on Population and Development set new standards in relation to the reproductive health of women and girls. The 1995 report of the Fourth World Conference on Women calls for the promotion and protection of all human rights of women and girls and devotes a section to “the girl child”. The 1995 World Summit for Social Development makes extensive links with the articles and principles of the Convention on the Rights of the Child, reaffirming rights to health, education, nutrition, sanitation and literacy. At the 1996 First World Congress against Commercial Sexual Exploitation of Children held in Stockholm, 120 Governments committed themselves to work to eliminate the sexual exploitation of children. In 1998, the Statute of the International Criminal Court was adopted. Upon ratification, it will enter into force and establish the jurisdiction of the Court over genocide, crimes against humanity and war crimes, as well as address the situation of forced conscription of children under the age of 15 years and their participation in hostilities, in both international and internal conflicts.

In 1999, 174 member States of the International Labour Organization (ILO) unanimously adopted the Convention on Elimination of the Worst Forms of Child Labour, which aims to end with immediate effect the worst forms of child labour and ensure that children removed from such situations have access to free basic education or training. The Convention also commits member States to identify children at special risk and to take into account the particular situation of girls.

11. Scientific findings also inform new thinking on development priorities. The crucial link between maternal health and infant survival is now common knowledge. There is greater appreciation of the importance of breastfeeding and of the role of
micronutrients in maternal and child survival. The development of children and adolescents is better understood. It has become clear that the early years of a child’s life are the foundation of good physical health in later life and are critical in the formation of healthy emotions, social skills and intellectual development. Research has demonstrated a strong correlation between the quality of life in early childhood and later behaviour that undermines adolescent health and development. There is also growing evidence that adolescent development is linked to caring relationships with parents and other significant adults, as well as to access to safe and supportive environments such as schools and to opportunities to contribute to their own and their community’s well-being.

C. Social, political and economic changes

12. The world has gone through fundamental changes during the 10 years since the World Summit for Children. For the first time in history, more of the world’s people are living in cities than in the countryside. The break-up of the Soviet Union initiated great political and economic upheaval — and in Central and Eastern Europe, the Baltic States and the Commonwealth of Independent States, there has been a difficult transition from centrally-planned to market-oriented economies. Africa saw the spread of multi-party elections and an end to the policies of apartheid. However, large parts of the continent have been devastated by the rapid spread of HIV/AIDS and conflict, the further build-up of debt, deteriorating basic services and weak economic growth.

13. Both capital and information now flow more freely across borders worldwide. Countries are adopting a more open approach to trade, and many countries previously relatively closed to international trade, investment and communication have begun to relax their rules, becoming part of the global network of goods, information, services and currencies.

14. Multinational corporations play an expanding role in global markets and global decision-making, and the influence of many national Governments has been weakened. In addition, the new communication technology has spread ideas and information to previously isolated individuals and societies.

15. The freer movement of capital, ideas, expertise and information has generated enormous wealth and opened up opportunities for some. Yet it has also created new forms of exclusion and inequality both between and within nations. The State of the World’s Children 2000 notes that in 1960, the income gap between the richest one fifth of the world’s population and the poorest one fifth was 30 to 1; in 1997, the gap was 74 to 1. The 200 richest people in the world more than doubled their net worth between 1994 and 1998 to more than $1 trillion.3 (See figure 1.)

16. During the 1990s, democratic governance and recognition of and respect for human rights — widely acknowledged as fundamental prerequisites for sustained socio-economic progress — have been gaining ground. Demands from human rights and community-based organizations and non-governmental organizations (NGOs) for transparency and accountability in Government are on the rise. Private corporations are being pressed to practise social responsibility. Organized and vibrant civil society organizations (CSOs) have become important actors in the social and political life of nations, as well as on the international stage. Children’s groups are playing a greater role in the societies in which they live. In Colombia, for example, the Children’s Movement for Peace mobilized one third of the country’s population between the ages of 7 and 18 years to vote for the rights to survival, peace, family and freedom from abuse, inspiring their country to redouble its efforts to end violence. Governments and policy makers are beginning to take threats to the environment into account when they make their development plans, budgets and fiscal provisions. These changes offer increased opportunities for strengthening democratic processes and good governance and for reducing disparities, poverty and social exclusion, while promoting sustained achievements in the realization of children’s rights and human development.

D. The scorecard for children and adolescents

Progress

17. The situation of the world’s children and women has improved in remarkable ways during the past decade. The Convention on the Rights of the Child has been ratified by 191 Governments — all but two. Between 1990 and 2000, the number of States ratifying the Convention on the Elimination of All Forms of
Discrimination against Women rose from 98 to 165. It has become increasingly recognized that women’s rights and well-being are central to both human development and the realization of children’s rights. It is clearer than ever that unequal gender relations and wide gender gaps in social, economic, political and civic spheres do not just deny the individual rights of girls and women — they reduce human capabilities as a whole.

18. The widespread adoption of the two Conventions and their reporting procedures have helped to raise the visibility of children’s and women’s issues in public and political agendas. Many States have accepted the obligations to children and women that they entail and have made the necessary changes in law, policies, procedures and resource allocations. For example, recent legislation in Japan prohibits commercial sex with children under 18 years old. In 1995, China enacted a law that gives all citizens, regardless of ethnic group, race, sex, age, occupation or religious belief, the right to an education. Legislation specifically for children has been adopted and promulgated in many countries, including Botswana, the Dominican Republic, Honduras, Kenya and the United Kingdom. Meanwhile, Angola, Brazil, Ethiopia, Nepal, Norway, Paraguay, South Africa, Togo and Uganda have modified their constitutions to make the Convention on the Rights of the Child a part of their country’s legal framework. In South Africa and several other countries, Governments are reforming the juvenile justice system, moving children out of the criminal justice system and into “children’s courts”.

19. Better data, disaggregated by sex and age, are available for assessing and monitoring the situation of children and women. What was a vague reference in the World Summit for Children Declaration in 1990 to “children in especially difficult circumstances” has since been understood as societies’ failures to protect children and adolescents from complex risk factors. Attention is now being focused on the true meaning of the universality of rights — as referring to all children’s equal rights to food, good health care, basic education, justice and equality as human beings. These principles of equality and universality have made the rights of still excluded groups and of families in acute poverty an explicit issue in many national development strategies.

20. Immunization has been one of the major areas of progress since 1990, despite recent declines in some of the poorest countries. Immunization services are helping to prevent two thirds of the deaths associated with neonatal tetanus and 85 per cent of measles deaths. Polio has been nearly eradicated worldwide, as is guinea worm disease, which has virtually disappeared from Asia and from most of Africa. Oral rehydration therapy now is used in the vast majority of cases of diarrhoea among children. Acute respiratory infections, the second major childhood killer after diarrhoea, are now the focus of national control programmes in two thirds of the countries where pneumonia is a significant problem. Vaccines against major causes of childhood pneumonia have been developed and await the development of financing mechanisms to ensure that they can benefit the children who most need them. An additional 1.5 billion people now consume iodized salt, thereby preventing mental retardation in 12 million infants every year. Vitamin A deficiency — including severe deficiency, which causes permanent childhood blindness and moderate deficiency, which puts children at greater risk of dying from common diseases — has declined sharply due to large-scale supplementation programmes.

21. Since the global launch in 1992 of the Baby-Friendly Hospital Initiative (BFHI) by the World Health Organization (WHO) and UNICEF, over 14,000 hospitals in 132 countries have been certified as “baby-friendly”, following comprehensive guidelines that make hospitals centres of support for breastfeeding. Seventy-one per cent of the world’s population now have access to clean water — up 10 per cent from 1990 — and development programmes have begun to reflect knowledge about the crucial links between health, clean water and sanitation.

22. There is growing political will to acknowledge and address once-hidden forms of abuse and exploitation, including child labour; the sale and trafficking of children and women; the militarization and prostitution of children; gender-based violence; and the abuse, exploitation and killing of women and children caught in conflict situations. Global conferences on the sexual exploitation of children, child labour and conflict attest to this, as does the 1999 ILO Convention on Elimination of the Worst Forms of Child Labour. In 1996, Graça Machel led a path-breaking study, “Impact of Armed Conflict on Children”, and in 1997, a Special Representative of the Secretary-General for Children and Armed Conflict was appointed.
23. In January 2000, an Optional Protocol to the Convention on the Rights of the Child was finalized by a drafting group, and the minimum age for forced recruitment into armed forces and direct participation in hostilities was raised from 15 to 18 years. The Office of the United Nations High Commissioner for Human Rights is carrying out a “Project Against Trafficking in Persons”, and a draft United Nations Convention against Transnational Organized Crime, which has a supplementing protocol on trafficking in persons, especially women and children, is being elaborated.

Shortfalls

24. Still progress has been disappointing in a number of areas. While considerable advances have been made in reducing child mortality, only one third of developing countries have achieved the World Summit goal. Many countries of sub-Saharan Africa are suffering setbacks, in part because of the profound social and economic impact of HIV/AIDS and the persistence of other preventable diseases such as malaria, measles and tetanus.

25. Much remains to be done to reduce child malnutrition — nearly 160 million children under five years of age are moderately or severely malnourished. One half of the 10 million severely malnourished children die each year. A critical indicator of child malnutrition is stunting, which often begins in the womb as a result of maternal malnutrition. Low-birth-weight babies — 22.5 million of whom are born each year — are 40 times more likely to die in the first month of life than babies of normal weight. Those who survive are likely to be stunted for the rest of their lives.

26. Approximately 585,000 women die each year from pregnancy-related causes, and 50 million are living with permanent injuries or disabilities following complications from pregnancy or delivery. Pregnancy-related complications are among the main causes of death of young women 15 to 19 years old, and babies born to young mothers are more likely to suffer from low birth weight and die before their first birthday.

27. The practice of breastfeeding has expanded dramatically in some countries, such as Brazil, the Islamic Republic of Iran and Zambia, following the launching of BFHI and other measures to protect, support and promote breastfeeding. Yet breastfeeding is still declining in many parts of the world. UNICEF estimates that in 1999, only 44 per cent of infants in the world were breastfed exclusively for the first three months. Only 20 countries have enacted legislation encompassing all provisions of the International Code of Marketing of Breast Milk Substitutes. The Code calls upon manufacturers and distributors of breastmilk substitutes not to provide free or low-cost supplies of breastmilk substitutes to any part of the health care system.

28. Access to primary education — especially for girls and other excluded groups — has barely kept pace with increases in population. About 130 million children remain out of primary school, 60 per cent of them girls. There has been little improvement in the quality of education for those who do attend school. In many schools, especially in developing countries, the curriculum is not relevant to children’s needs, teachers are poorly paid, supervision and training are weak, and the school’s physical environment is not conducive to learning. Drop-out rates in primary schools are high, contributing to the loss of human capacities and financial resources. In many regions where near-universal access has been achieved, it takes an average of nine years to complete the six-year primary school cycle.

29. At least 250 million children between 5 and 14 years of age are working under exploitative conditions. Unknown numbers of others, mainly girls, spend long hours every day working in their own homes, with no time or support to go to school.

30. An estimated 1.4 billion of the world’s people still do not have access to safe water, and millions of people who do must fetch water from sources far from their homes. Research shows that the farther people — usually girls and women — must walk to fetch water, the less water they use and the poorer their hygiene. Perhaps even more intolerable is the fact that 2.5 billion of the world’s population do not have access to adequate sanitation. Unless rapid action is taken, this number will climb to more than 4.5 billion in the next 20 years. Most of these people live in rural areas of the developing world, where less than one fifth of the population have access to sanitation; but the most affected in the future will be poor people in densely populated cities.

31. In many parts of the world, the water table is declining as a result of over-extraction for agriculture
and manufacturing. Water quality problems are also becoming more serious and widespread. Pollution of both surface and groundwater sources from pesticides and industry are posing challenges, and there are increasing incidents of contaminants such as fluoride and arsenic affecting the safety of water supplies. For millions of poor children, the combination of inadequate food intake, the lack of safe water and sanitation, and limited access to health services has lethal consequences.

32. Finally, there has been insufficient improvement in the social and cultural environment of gender, racial and ethnic discrimination that affects women and children. The values and attitudes that create negative conditions for women and children have not changed significantly in many communities.

III. Assessing the past

33. The experience and analysis of the last 10 years have provided practical confirmation of the effectiveness of earlier development approaches, as well as new insights. One key lesson of the 1990s is that change is possible — and that children’s rights are an effective rallying point for change. Other lessons learned include: that it is necessary to focus on all children and all rights, and that this requires commitment, political will and resources; that progress is possible even on problems that seemed intractable in the past; and that vertical approaches and targeted interventions often achieve rapid success, but that the sustainability of this success is often more difficult to assure. The world knows better today how some societies have created conditions that enabled the majority of their people to pull themselves out of persistent poverty and make major human development strides within one generation. Future action for children must be informed by these experiences.

A. Universal basic social services

34. Several principles of good social policy have emerged from the experience of countries that made rapid social progress in spite of a low level of economic development. Development with a Human Face, published in 1997, showcased 10 countries that achieved significant human development changes in the span of one generation by making social investments a priority that did not wait for economic growth. They considered universal access to basic social services to be a public sector priority. These countries spent proportionally more on basic social services than other countries, seeing investment in education and health as the foundation for sustainable development. They spent relatively efficiently and protected these allocations in times of economic decline.

35. These countries also recognized that special attention must be paid to the poorest and most vulnerable and that interventions that help women realize their rights are critical to human development. In these countries, investment in education often preceded or coincided with a breakthrough in the reduction of child mortality rates. Girls’ education has proven to be key to achieving this impact. Education not only gives young women the self-confidence to act in their own best interests, it also aids them in their role as mothers. Research shows that educated women marry later, space their pregnancies better, seek medical attention for their child in case of illness, provide better child care and monitor their child’s nutritional status, all of which help to ensure that the child learns better in school.

36. Economists are also beginning to acknowledge the importance to children of women’s bargaining power in the household. Studies in both Brazil and the United Kingdom indicate that when women control household incomes, children benefit in terms of nutrition and health care. In other words, the greater the role a woman plays in decision-making, particularly with regard to household expenditure, the better off her children are likely to be. Therefore, future action for children must recognize the importance of increasing women’s opportunity for education, employment and reproductive health in order to increase their bargaining power in the household.

B. People-centred development

37. One of the major lessons of the past decade has been that complex societal problems, such as maternal mortality, malnutrition, poor hygiene and sanitation, HIV/AIDS and violence, must be addressed through multi-pronged strategies that engage poor and vulnerable groups as partners. Improving access to sanitation, for example, has been much more difficult
than expected, and technological solutions have been found wanting. A lesson learned is that it is only with an understanding of the relationship between safe water, sanitation and health that people make sanitation a priority. However, experience throughout the developing world demonstrates that it is difficult to develop this awareness unless the people who fetch the water and use the facilities — women and girls in particular — participate in the planning, implementation and maintenance of water and sanitation systems. An important development challenge facing all countries is the search for effective ways to engage women and young people in the programmes intended to improve their well-being.

38. Recent evidence indicates that the most effective HIV/AIDS prevention has been in countries such as Senegal, Thailand, Uganda and Zambia, which have used multiple strategies with a consistent message over time and where general education has HIV/AIDS-specific components. Simply providing people with information about HIV/AIDS is not enough. To be effective, HIV/AIDS education must have well-supported and trained teachers, and address attitudes, values and psychosocial skills, including decision-making and interpersonal skills.

39. Experience shows that Governments must take the lead in ensuring basic social services for poor people, especially with regard to the right to basic education and primary health care (PHC) services. They must also take the initiative in making legal and administrative changes; establishing the rule of law; and creating conditions for equality, participation, peace and human security. In short, they must commit themselves to establishing national structures of accountability for good governance, which create space for vibrant civil society initiatives and people’s participation in decision-making processes that affect their lives.

IV. Challenges for the future

40. Enormous challenges face mankind at the beginning of the twenty-first century. The world is marked by deepening poverty and a widening gap between rich and poor; proliferating conflict and violence; the deadly spread of HIV/AIDS; and continuing discrimination of many types, particularly against women and girls. Profound changes are needed in societies everywhere if the vision for children’s rights and the establishment of a global ethic in favour of children and adolescents are to be realized.

A. Poverty

As the world’s currency markets exchange $1.5 trillion each day, more than 1.2 billion people in the world live on less than $1 a day — more than 600 million of them children.

The State of the World’s Children 2000

41. Children are hardest hit by poverty, which cannot be measured by economic indicators alone. Poverty has a disabling impact on children’s minds and bodies, causing the perpetuation of socio-political marginalization, malnutrition, poor health and lack of opportunity to gain an education and earn a living. Central to breaking this intergenerational cycle of poverty are universal access to basic social services of good quality for all children and opportunities to participate, learn and grow in childhood. In developing countries, these services are fundamental to the survival and development of poor children. Yet most developing countries under-invest in these services.

42. One reason poor countries under-invest in basic social services is because of the crippling weight of their external debt. Two thirds of the countries surveyed in a 1998 UNICEF and United Nations Development Programme study spent more on external debt servicing than on basic social services, and some spent three to five times more. To spend more on external debt than on basic social services — when hundreds of millions of children lack access to basic education, PHC, adequate food and safe drinking water — is not just morally wrong, it does not make economic sense. (See figure 2.)

43. The Heavily Indebted Poor Countries (HIPC) Initiative, launched in 1996, is an attempt to address the debt issue, but its implementation has been painfully slow. In order for the new HIPC Initiative to succeed, industrialized countries and international financial institutions must assign additional resources for debt relief. It cannot be financed from the already low level of official development assistance (ODA).

44. ODA, as a proportion of donors’ combined GNP, has been declining for nearly two decades, and despite a modest rise in 1998, it now stands at less than one third of the United Nations aid target of 0.7 per cent of
GNP. Since 1992, the absolute amount of ODA has declined markedly. Net private capital flows are no substitute for ODA since they seldom gravitate to the neediest countries or benefit the poorest segments within countries. (See figure 3.)

45. Poverty is not confined to developing countries. While the situation is worse in the developing world, more and more children in industrialized countries are poor and do not have access to basic social services. A 1999 study, for example, shows that in New York City, 74.9 per cent of Hispanic children live in poverty, compared to 21.6 per cent of the city’s white children. There are similar disparities in many industrialized countries.

B. Armed conflict and other types of violence

Armed conflict kills and maims more children than soldiers.

Graça Machel

46. Violence, abuse and exploitation occur worldwide. Since 1990, more than 2 million children have been killed and more than 6 million injured or disabled in armed conflicts. Children in at least 68 countries live amid landmines, and over 10,000 children are killed or maimed by mines every year. Sexual abuse of adolescent girls and women is increasingly being used as a systematic policy of war.

47. Since World War II, 130 of the more than 150 major conflicts have been fought in the developing world. Many of these wars are low-intensity, long-lasting internal conflicts fought in city streets and village lanes, where there is little distinction between combatants and non-combatants. The arms and illicit drug trades — worth an estimated $800 billion and $400 billion, respectively — have flourished in the last 10 years and have contributed to the proliferation of these conflicts. The development of light, inexpensive weapons has made it easier to use children as soldiers and as traffickers of arms and drugs. Light weapons and landmines have been responsible for the majority of casualties in modern warfare.

48. War displaces millions of people from their homes. The number of refugees worldwide rose from 2.4 million in 1974 to 17 million in 1991, and to a record 27 million in 1995. The number dropped to 21.5 million in 1999, yet it still represents one out of every 280 people on earth. An estimated 30 million people — 80 per cent of them children and women — are displaced inside their own countries. Thus, the total number of people who have been forced to flee their homes is about 50 million.

49. An estimated 250 million children between 5 and 14 years of age in developing countries alone are working full- or part-time. Globally, an estimated 1 million children enter the sex market each year for the profit and pleasure of adults.

50. Data on violence in the private sphere is largely unavailable. However, the incidence of violence within families is believed to be among the most pervasive of all forms of violence against children and women in all parts of the world.

51. The weakening of the role of the State has tended to diminish the protection of children and women in the family, community and labour market. Future actions for children and women must call for adherence to national and international laws and standards and for public sector programmes and private initiatives that will ensure the protection of children and women from all forms of violence and exploitation.

C. Discrimination

52. The clearest proof of gender inequality around the world is in the numbers of what Amartya Sen calls “missing women.” Research shows that if men and women receive similar nutrition and health care, women on average live longer than men. This is borne out in Europe and North America, where the ratio of women to men is 1.05 or more. Yet Mr. Sen notes that the ratio of women to men in South Asia, West Asia and China is as low as 0.94. He extrapolates the numbers of women who would be alive if the higher ratio were in effect worldwide, and concludes: “A great many more than a hundred million women are simply not there because women are neglected compared with men.” If it is women who are the primary caregivers of both girls and boys, how many children are also missing?

53. In the next decade, action to ensure the realization of the rights of children and women must promote changes in individuals, families and communities, in nations and their institutions, and at the international level. It must also recognize that
gender discrimination is often compounded by ethnic and religious discrimination, by poverty and by social exclusion, including that related to HIV/AIDS status. For example, it is impossible to achieve equal access for men and women to income in communities where investment is withheld because of layers of racial, cultural or political discrimination. Groups which face multiple forms of discrimination require a number of interrelated changes in order to exercise their rights to basic health, education and participation in their societies. Children who face such forms of discrimination need special measures of protection to overcome the formidable barriers to their development.

54. There is continued and, in some cases, increased discrimination against minorities, indigenous peoples and migrants worldwide. The World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, to be held in South Africa in 2001, will provide an opportunity to create a new vision for the fight against racism and other forms of exclusion in the twenty-first century. The proceedings and outcomes of this conference will be important for future actions for children.

D. HIV/AIDS

55. The AIDS pandemic has had a tragic impact on the fulfilment of children’s rights and has greatly affected the trajectory of human development in the 1990s. Over 16 million people around the world have died from AIDS. Every day, 8,500 children and young people are infected with HIV and 2,500 women die from AIDS. Another 33.6 million people are living with HIV, two thirds of them in Africa, where, unlike anywhere else in the world, infected women outnumber infected men. Unless decisive action is taken, parts of Africa (e.g. Nigeria) and Asia (e.g. India) that still have relatively low HIV/AIDS prevalence may soon be as seriously affected as southern Africa.

56. By the end of the year 2000, 13 million children — the majority of them in Africa — will have lost one or both parents to AIDS. These children begin their suffering with the horror of watching their parents die. They are then likely to suffer prejudice and neglect from their guardians and community. Children orphaned by AIDS almost invariably have higher rates of malnutrition, stunting and illiteracy than other children, as well as higher rates of sickness and death — and, of course, some of these children are infected with HIV themselves. AIDS is an epidemic of global proportions, but today it is people who are poor who are its main victims — 95 per cent of all HIV-infected people live in developing countries. It is a disease of poverty, ignorance and gender discrimination and has the greatest effect on poor women and children.

E. The creation of an enabling environment

57. The challenge to political leaders and societies is to break the vicious cycle of poverty that perpetuates chronic ill health, malnutrition, sub-optimal child development and poor health for women from one generation to the next. More children today survive through early childhood than in the past, but these gains are rapidly being eroded by HIV/AIDS. The conditions of poverty and deprivation that threaten their growth and development have scarcely changed and, in many cases, have worsened. Moreover, while much has been learned about the roots of gender discrimination and gender inequality over the last three decades, the situation of girls and women is also worsening in many parts of the world.

58. For these reasons, it is necessary to reposition and re-emphasize the focus on child and maternal survival — the essential first steps in the realization of human potential. But future actions must go beyond first steps. Sector-based programmes for health, basic education and safe water need to find more effective ways of reaching those children, adolescents and families which are still excluded. Access to information, and the ability to make their own decisions and to control resources at household and community levels, especially for women, seem to be critical factors that enable poor families to improve their situations. Unless welfare-oriented programmes that mitigate suffering are broadened to include strategies that empower people who are poor to improve their lives, the prospects for sustainable human development and the inclusion of poor people in the global economy are low indeed.

59. A human rights approach to development makes it imperative to recognize and work with poor families and communities as key development partners. For children and women especially, actions at household and community levels, complemented by external support and services, are critically important to improving their situation and protecting their rights. A
family’s capacity to protect and provide for its children is usually the single most decisive factor in children’s well-being. As a result, strategies in the future must find effective ways to link national sector-focused activities to community-led action.

60. Countries must ensure that there is an enabling national environment for the realization of children’s rights through appropriate policies and programmes. This includes a framework of laws that are consistent with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. It also requires clear national policies and strong institutions that specifically prioritize the needs of children, adolescents and women and that promote as well as protect their rights. It involves national resource allocations and mobilization that reflect the priority of children, strong civil society involvement and decentralized structures that have the responsibility, authority and capacity to manage services and respond to children’s basic needs.

F. Enhancing participation

61. Participation is central to the human development approach in order to expand people’s choices and realize human potential. At the same time, participation is also the means to development. Children and adolescents do not develop by being passive. It is only through participation that they acquire skills, build competencies, form aspirations and gain confidence. Participation varies according to one’s evolving capacities, but all children can participate in different ways from the earliest age. The more a child participates meaningfully, the more experienced, competent and confident he or she becomes. This, in turn, enables more effective participation from childhood into adolescence and beyond. The conditions for promoting effective participation include the need to start as early in childhood as possible through the care and socialization of children that are responsive to their needs, respectful of their rights and encouraging of exploration, enquiry and responsibility.

62. Promoting child and adolescent participation also involves creating “spaces” where information is accessible and where their views are valued, listened to and influential. This means enhancing child participation within the family, the school and the wider community. It is also essential to promote access to information and to opportunities for the most disadvantaged and marginalized children — alongside the most privileged children — to be heard.

V. Future actions for children

63. The causes of violations of children’s rights lie essentially outside the sphere of their control, and efforts must focus on addressing not only immediate factors, but also the wider causes of problems children face. Future actions for children must envision “child-friendly” societies in which all sectors participate in building broad alliances committed to the realization of children’s rights. It must foster the involvement and participation of children in the social and cultural lives of their communities as well as in decisions that affect their lives. Adolescents, especially, need to be engaged in shaping solutions to societal problems. Future actions must embrace the principle of a “first call for children” and promote the allocation of all types of resources to their maximum extent for the realization of children’s rights, starting with their right to survive and develop.

64. The future focus on ensuring human development outcomes for children and adolescents — and through them, breaking persistent cycles of poverty — must be informed by knowledge about the critical stages in the life cycle of children, from birth through adolescence. Specific interventions can make a substantial difference in their survival, health, physical growth and social and intellectual development, and societies must change their patterns of investment to influence the course of human development when opportunities are greatest.

65. Based on current science and lessons from past programmes, three key areas for the future deserve global priority attention. The focus, based on the principles of children’s rights and knowledge about what works best for children, must generate global commitment and broad partnerships to ensure the following for all children:

(a) A good start to life, nurture, care and a safe environment that enables them to survive, and be physically healthy, mentally alert, emotionally secure, socially competent and able to learn;

(b) The opportunity to complete a good quality basic education;
(c) For adolescents, the opportunity to develop fully their individual capacities in safe and enabling environments that empower them to participate in, and contribute to, their societies.

A. A good start in life for all children

66. A mother’s health and the first few years of a child’s life have a formidable impact on the child’s cognitive and emotional development, as well as on survival and physical growth. There are “critical periods” in a child’s development which apply to their capacity for attachment, language acquisition and learning in general. Although everyone is capable of compensating for missed opportunities, the cumulative effects of malnutrition, poor health care, unsafe water, poor sanitation, environmental hazards, lack of stimulation, and physical or emotional abuse in early childhood can have long-term consequences for individuals and societies.

67. A good start in life within a nurturing family environment is the cornerstone of a child’s future growth and development. However, child development is culturally specific, and programme strategies must respect diversity and cultural patterns of child care, while ensuring that the health, nutritional, emotional, social and intellectual dimensions of child development are addressed.

68. The survival and optimal development of infants and children require ensuring that all children are wanted, and are born to women old enough to have healthy children and mature enough to care for them. All mothers-to-be, including adolescents, and irrespective of economic status or cultural group, should enjoy access to high-quality health care, nutrition and home support during pregnancy, delivery and lactation. Mothers need to be supported to breastfeed their children exclusively for four to six months and to introduce appropriate additional foods at that time. Mothers must have time to care for themselves and to earn a living. Men should share responsibility in the household and in family life.

69. Children need have access to high-quality health care services that provide immunization and micronutrient supplementation and special emphasis on the management of pneumonia, diarrhoea, malaria and malnutrition. Communities struggling to cope with HIV/AIDS must be helped to sustain the care, services and protection that young children need. Parents and other caregivers need to be supported and helped to interact with their children, to support their play, interaction and early learning, and thus their psychosocial development. Education for gender equality and respect for the rights of all individuals must begin in early childhood and be an essential element of parent/teacher/caretaker education at all stages. Parents and other caregivers, as well as community and government leaders, must value and respect each child; protect and promote the well-being of both boys and girls; and encourage non-violence and gender-sensitive behaviour. Children should benefit from periodic assessment for the early detection of developmental difficulties; have an adequate food and micronutrient intake; and be able to live and grow up in a clean, safe, non-abusive and sanitary environment.

70. These elements of care for child survival, growth and development all contribute to the complex process of developing human capabilities. They are mutually reinforcing elements — each essential — which together create the synergy needed to ensure that the early years of a child’s life are healthy and conducive to optimal human development.

71. Attending to a child’s cognitive and psychosocial development would involve enabling families to create a stimulating and affection-filled environment with a stable caregiver or caregivers. It means protecting the rights of children from abuse, violence and sexual and economic exploitation, and helping families to care for children with disabilities. It means ensuring equal enrolment and equal treatment of boys and girls in community-based care programmes and/or child-friendly schools. It means teaching children improved hygiene practices early in their lives.

72. Dealing with the physical environment and facilities for child development would mean ensuring an environment that has an adequate supply of safe water and fuel and accessible and usable toilets. It means ensuring a clean home environment and safe play areas for young children, handwashing with soap and water, and food hygiene. It means having access to insecticide-treated bednets to help prevent malaria, as well as minimizing the risk to all children of accidents and poisoning and of exposure to environmental pollutants. Social and economic safety nets would be available in situations where family systems are unable to cope. Family and community-based early childhood
care and education programmes should also be available.

73. The final element in providing optimum support to infants and young children is developing the knowledge, skills and attitudes of caregivers and society. This means that families are engaged in a process of learning and acquiring skills for the home-based care of children that enhances children’s physical, emotional, social and cognitive development. It means ensuring that values and attitudes in a community are supportive of women and children and assist families in their child-rearing responsibilities. It also means ensuring that communities are aware of the risks, rights and needs of women of child-bearing age, and that they are supportive of actions to ensure that women, particularly pregnant and lactating women, have access to health services. Everything that is known about poverty today confirms that investments in the quality of care for poor children pay back many times over in better education results, higher productivity and positive behaviour later in life.

B. A good quality basic education for all children

74. Ensuring access to, and completion of, a basic education of good quality for all children will also contribute significantly to breaking the cycles of deprivation and poverty, discrimination and exclusion. A good quality basic education enables children to seize opportunities to develop their full potential and facilitates the realization of all their other rights.

75. Many factors deprive children of their right to basic education, including a lack of national leadership, political commitment and financial support. The right to basic education is also impeded by persistent poverty and inequality; discrimination and exclusion, especially in relation to gender; poor nutrition and health of children in school; a lack of protection for children at risk; war and civil conflict; early childhood neglect; and the impact of HIV/AIDS.

76. Yet basic education has been established as a right and is essential for individual and national development. Fulfilment of the right to education is the collective responsibility of all society — families and communities, all sectors, leaders and service providers. Educating children means considering the totality of their lives — their multiple needs and the complex context of the families and communities in which they live. Education systems should be responsive and yet committed to quality. Schools should become institutions that are communities of good practice.

77. Future actions for children in the area of basic education will build on the Education for All (EFA) movement to ensure that all children have access to education and complete a basic education of good quality. They should be able to learn in environments that respect the dignity of the child and that are effective, healthy, gender-sensitive and protective, and enable children to express themselves and participate in the learning process. The education of girls is of utmost importance, and special efforts should be made both to increase the impact of education on reducing HIV/AIDS transmission rates and to reduce the impact of the AIDS pandemic on education.

78. The first aim is to ensure that all children enrol in school and are able to stay there in order to achieve a basic education of good quality. Special measures are needed to support children from currently excluded and marginalized groups (poor children; working children; children with disabilities; children from ethnic minorities; and children affected by violence, civil conflict and HIV/AIDS).

79. The second primary aim is to ensure full and equal access to education for girls and to eliminate all forms of gender discrimination in schools, education programmes and systems. This requires building consensus at all levels of society on the importance of equality. Specific actions include eliminating gender-based discrimination in teaching and learning, mainstreaming a gender perspective throughout the education system, and socializing girls and boys in a culture of respect for each other’s dignity and equality.

80. The third area, quality of education, involves ensuring that all children are ready for school and that all schools are ready for them. This means developing schools that are rights-based and child-friendly. Rights-based schools reflect and help realize the rights of every child; act to ensure inclusion, respect for diversity and equality of opportunity; are child-centred, gender-sensitive and girl-friendly; define and assess desired learning outcomes; and ensure respect and provide professional development for teachers. They also promote the close involvement of families and communities. Ensuring quality of education also means supporting comprehensive early childhood care
programmes to ensure that schoolchildren are well nourished, fully immunized and healthy, and that as much as possible, children with disabilities are mainstreamed in primary schools or basic education programmes. Schools should have qualified and adequately remunerated teachers and the necessary facilities and resources. Teachers should have training in participatory learning methodologies. The learning environment should be secure, non-violent, child-centred and gender-sensitive. There should be adequate hygiene and sanitation facilities, life skills-based health and hygiene education, and health and nutrition services. Child participation and active school-parent-community partnerships should be promoted. The school curriculum should have defined learning outcomes and relevant, gender-sensitive learning materials in languages that teachers and children can read and understand. Finally, it should be possible to assess the extent to which children in basic education programmes attain a nationally-defined level of basic learning competence in literacy, numeracy and life skills.

81. The fourth main focus is to limit the spread of the HIV/AIDS pandemic, because education in a world with HIV/AIDS cannot be the same as it was in an HIV/AIDS-free world. Comprehensive HIV/AIDS education should be an integral component of national education programmes. This would involve developing and implementing life skills-based HIV/AIDS education programmes, both in and out of school, starting from the primary level of education. It would also involve mitigating the impact of AIDS on the education system itself. This is no small consideration, because in many of the most affected counties, enrolment figures have declined, the number of drop-outs have increased and education systems are trying to cope with disruptions caused by high HIV/AIDS prevalence among teachers and other education staff. Achieving sustained control over HIV/AIDS requires a multisectoral analysis of its impact and the development of linked and mutually reinforcing integrated responses. Schools alone cannot be effective in facing the challenges of HIV/AIDS. CSOs and other service providers also have key roles to play. However, schools are among the few institutions with the necessary reach and potential community coverage to promote effective HIV/AIDS prevention and to diminish the impact of HIV/AIDS on their communities.

C. Enabling all adolescents to develop their capacity and participate in their societies

82. Projections indicate that the number of adolescents in developing countries will increase significantly over the next 10 years — due in no small part to achievements in child survival since the World Summit for Children. Adolescence offers numerous opportunities to influence the future, not just of individuals, but of whole countries. It offers a chance to break the cycles that undermine human development and rights. Protecting adolescents’ rights and helping to maximize the resource they represent in their families and communities can also work to break intergenerational patterns of poverty, socio-economic exclusion, gender and ethnic discrimination, exploitation, abuse and violence. It can help to prevent and ameliorate a range of health and nutrition concerns, including HIV/AIDS, that have implications for this generation and the next (e.g. low birth weight).

83. In order to achieve their full potential and build on the outcomes of the early childhood and basic education programmes, adolescents should be able to participate in and benefit from a range of policies and programmes operating to support them in four main areas: ensuring the participation of adolescents in decisions that affect their lives; providing adolescents with safe and supportive environments; developing adolescents’ capacities and values; and ensuring that adolescents have access to basic services and opportunities.

84. Adolescents should be able to gain the necessary skills to participate meaningfully in the decisions that affect their lives. They should play an active role in the development and implementation of youth-friendly health and counselling services, child-friendly schools, peer programmes, and news and entertainment programmes directed at young people. They should be encouraged to initiate programmes and activities, support each other and take part in the collection, analysis and dissemination of data on the status of adolescents at subnational and national levels. Training should be provided for adults, including parents and service providers, in order to strengthen the linkages between adolescents and the adults responsible for fulfilling and protecting their rights. Existing programmes and activities for adolescents should be supported and, where appropriate, replicated and
expanded. The contribution that adolescents make to their environment should be recognized and appreciated.

85. Adolescents should live and learn in safe and supportive environments, with a focus on the immediate environments of families, friends and service providers. Adolescents should also benefit from national and subnational policies and legislation that promote and protect their rights, and from supportive societal values and norms that counter traditional practices that undermine their rights (e.g. early marriage).

86. Adolescents should be able to develop their physical, intellectual and psychosocial capacities to the full, and to develop values that promote equity, peace, tolerance, justice and positive gender relations. They should have ongoing access to relevant and reliable age-appropriate and gender-sensitive information on a range of topics and from a variety of sources, including parents, peers, service providers, and the news and entertainment media. They should be able to develop life skills, including negotiation, conflict resolution, decision-making, critical thinking, communication and other psychosocial competencies. They should have access to sports and recreation facilities that take into consideration the specific needs of adolescent girls and adolescents living with disabilities. They should be able to develop citizenship and livelihood skills, with support from a range of partners, including parents, teachers, CSOs and the private sector. They should also learn parenting and caregiving skills and have access to programmes that provide married and unmarried adolescent parents and caregivers with advice and support.

87. Adolescents should have access to a range of opportunities and services. Youth-friendly health and counselling services should be available to provide quality health care that responds to their physical and psychosocial needs. These services should address a wide range of health and development needs, including endemic diseases (such as tuberculosis and malaria), mental health, nutrition, reproductive health, and voluntary and confidential HIV testing and counselling for married and unmarried adolescent young men and women. Governments and civil society partners should take measures to protect adolescents from violence, abuse and exploitation, including from the promotion of tobacco and other addictive and illicit substances. Adolescents should have access to a distinct juvenile justice system that encompasses both delinquency prevention and restorative justice and reintegration. Older adolescents should have access to livelihood opportunities that are non-exploitative and non-hazardous, are appropriate to their evolving capacities, contribute to their development and are adequately remunerated.

88. For adolescents who have never been to school or who have dropped out of school, particularly for disadvantaged and marginalized adolescents (including those with disabilities and those living with and affected by HIV/AIDS), it is important to create a second chance to be educated. Programmes should be developed to meet the psychosocial needs of adolescent girls and boys living in conflict situations and other emergencies, and those exposed to physical or psychological abuse. It is important to end exposure to hazardous and exploitative work conditions for children over 14 years of age, and to end all child labour for younger children. Finally, there is a need for programmes that promote the reconciliation and reintegration of adolescents affected by war and other forms of conflict and violence, especially for soldiers, porters and sex slaves. Marginalized adolescents, those exposed to violence and abuse, and those living in emergencies and conflict situations should have safe spaces — places where they can obtain non-judgmental support, shelter and information, and eventually the skills and confidence to participate in shaping their future.

VI. Achieving major human development progress within one generation

89. This vision of the future is anchored in the reality of a world with access to unprecedented informational, financial and technological resources. It is also a world of unprecedented consensus on ethical and legal standards. Yet it is a world that continues to be marked by child deaths on a large scale, persistent intergenerational patterns of poverty, violence, conflict, gender discrimination and disease. These obstacles are ethically intolerable, but they are not unconquerable. Given the resources that the world has at hand, these deadly cycles of poverty and poor human development, which lead to the violation of human rights, can and should be broken within a single generation. The world must now direct its efforts towards those points where...
the potential for change and impact are the greatest: the best possible start for children in their early years; a good quality basic education for every child; and an enabling environment for adolescents as they develop their capacities.

90. By guaranteeing support and critical interventions for children during the early childhood, primary school and adolescent years, major progress within a generation is possible. The world has the knowledge, the financial resources and the technology. The essential component for marshalling these resources is political will. Inspired leadership is the key to changing the world for children and making major progress in human development within one generation. While government action is necessary, it is not sufficient. A broader range of players must commit themselves to realizing children’s rights.

91. Future actions for children and adolescents requires wide-ranging partnerships involving Governments, national and international organizations, United Nations agencies, bilateral agencies and CSOs. UNICEF has consulted broadly over the past year to develop the proposals in this report, to determine how the areas of focus of the different organizations and partners mesh, and to begin to talk about the roles that each will play. UNICEF presented its proposals at the World Bank Human Development Week in February 2000 and has consulted with counterparts in many United Nations agencies, including WHO, the United Nations Educational, Scientific and Cultural Organization and the United Nations Population Fund. It also held a special consultation with some national and international CSOs in February and has discussed the new proposals with several bilateral partners and members in the EFA initiative in preparation for the EFA World Education Forum. There have been extensive consultations at the technical level with other agencies, CSOs and academics to discuss in detail three specific proposals on early childhood, basic education and adolescence.

92. The special session of the General Assembly in 2001 will take stock of progress since entry into force of the Convention on the Rights of the Child and since the World Summit for Children. It will also consider goals and strategies for the next century that are relevant to children in both developing and industrialized countries. Future actions for the world’s children (up to the age of 18 years) will soon have to be set, with bold objectives, updated targets and renewed strategies, to guide international cooperation and country-level action. The process will involve the challenging task of developing indicators to measure the qualitative aspects of these actions. It will also involve detailing clear actions that member States and other partners should take in the short, medium and long term.

93. The central feature of the future actions for children in the twenty-first century should be to break the vicious cycle of poverty that creates and recreates undernourished infants, poorly educated young children, marginalized adolescents, and unsafe and premature motherhood, and that fundamentally undermines the fulfilment of children’s and women’s human rights. By confronting this vicious cycle at strategic points in the evolution of children and adolescents through interventions and strategies founded on the principles of human rights and the reality of social transformation, the world can create a positive cycle through which each generation can realize a quantum leap in the situation of children and achieve sustained progress in human development.
GNP)
Notes


2 This approach has been elaborated by the UNDP pioneering series of Human Development Reports, the first of which was published in 1990.


4 *Development with a Human Face*, Santosh Mehrotra and Richard Jolly, eds. (Oxford: Clarendon Press, 1997). The ten countries were Barbados, Botswana, Costa Rica, Cuba, the state of Kerala in India, Republic of Korea, Malaysia, Mauritius, Sri Lanka and Zimbabwe.


12 Thalif Deen, “Drugs: Global Trade Reaches Staggering Proportions”, IPS (United Nations), March 2, 1998. The arms and illicit drug trades are worth more than the GNP of most countries and are in fact capable of destabilizing global financial markets.


16 Special efforts should be made to bring new vaccines (e.g., against childhood pneumonia) within reach of the poorest families and countries.