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Promotion and protection of the rights of children: follow-up to the outcome of the special session on children

Follow-up to the special session of the General Assembly on children

Report of the Secretary-General

Summary

The present report has been prepared in response to General Assembly resolutions 58/282 of 19 April 2004 and 61/272 of 29 June 2007 in which the Assembly requested the Secretary-General to prepare an updated comprehensive report on progress achieved in realizing the commitments set out in the final document of the twenty-seventh special session of the Assembly, entitled "A world fit for children" (see resolution S/27-2, annex), with a view to identifying new challenges and making recommendations on actions needed to achieve further progress. The present report notes that failure to achieve the goals of the 2002 special session of the General Assembly on children will significantly undermine efforts towards realizing the aspirations of the United Nations Millennium Declaration (resolution 55/2) and the Millennium Development Goals by 2015 and beyond. It calls for a scaled-up response by Governments to the maximum extent of their capacities, increased commitments from the international community and stronger partnerships to achieve the goals of the special session on children.

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Contents

		Paragraphs	*Page*
I.	Introduction	1–5	3
II.	Progress in follow-up to the special session of the General Assembly on children	6–28	3
	A. Planning for children	6–9	3
	B. Investment in children	10–14	4
	C. Legislating for children's rights	15–17	5
	D. Participation of children	18–19	6
	E. Building partnerships to fulfil children's rights	20–25	6
	F. Monitoring progress	26–28	7
III.	Progress in the four major areas of "A world fit for children"	29–80	8
	A. Promoting healthy lives	30–48	8
	B. Providing quality education	49–57	12
	C. Protecting against abuse, exploitation and violence	58–71	13
	D. Combating HIV	72–80	15
IV.	Ways forward	81–90	17

I. Introduction

1. The present report is a mid-decade update of progress made in follow-up to the special session of the General Assembly on children, which was held from 8 to 10 May 2002. The report follows previous annual reviews of progress presented at the fifty-eighth session (A/58/333), the fifty-ninth session (A/59/274), the sixtieth session (A/60/207) and the sixty-first session (A/61/270) of the General Assembly. The report draws from progress reports from 110 Member States and from global data from the organizations, agencies and funds of the United Nations.

2. At the historic twenty-seventh special session of the Assembly devoted exclusively to children, delegations from 190 countries adopted the Declaration and Plan of Action set out in the document entitled "A world fit for children" (resolution S-27/2, annex). The outcome document committed Governments to a time-bound set of goals for children and young people, with a particular focus on (a) promoting healthy lives; (b) providing quality education; (c) protecting children against abuse, exploitation and violence; and (d) combating the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS).

3. Governments also committed to a framework for moving towards the goals, including the following: (a) developing or strengthening action plans for children, with wide involvement of civil society, including non-governmental organizations and children; (b) strengthening national planning, coordination, implementation and resource allocation for children and integrating the goals of "A world fit for children" into national policies and plans; (c) establishing or strengthening national bodies for the promotion and protection of children's rights; (d) regular monitoring of the situation of children at the national level; and (e) periodic reviews of progress towards the fulfilment of the global agenda.

4. The four major goal areas of the special session on children strongly reinforce the United Nations Millennium Declaration (resolution 55/2) and the Millennium Development Goals, all of which address and affect the rights of children. It was recognized that the building of a world fit for children would be a major step in fulfilling the commitments of the Millennium Summit.

5. Implementation of the commitments of the special session on children is also taking place in the context of coordinated follow-up to the other major international conferences and summits. Notable among them are the World Summit on Sustainable Development and the International Conference on Financing for Development, both held in 2002; the 2005 World Summit (A/RES/60/1); and the High-Level Meeting on HIV/AIDS, held in 2006 (A/RES/60/262).

II. Progress in follow-up to the special session of the General Assembly on children

A. Planning for children

6. Governments at the special session reiterated their commitment to act in the best interests of the child and to ensure that children would have the first call on resources.

7. By the end of 2006, about 50 countries had prepared national plans of action for children as a follow-up to the special session on children. In many cases, those plans evolved through extensive participatory processes. Children were directly involved in several of them, and some countries have produced child-friendly versions of their plans. About 100 countries have also incorporated goals for children within their overall national plans or, particularly in sub-Saharan Africa, in their poverty reduction strategies. Many have also developed new sectoral plans for such priority areas as violence against children, sexual exploitation, child labour, AIDS, malaria, and orphans and other vulnerable children. However, some of the cross-sectoral challenges such as child protection, early childhood development and nutrition often remain only weakly reflected in national development plans or poverty reduction strategies.

8. A number of countries have also prepared plans and established goals for children at lower levels of government. China, for example, has formulated child development plans in all its provinces, prefectures and counties. In Croatia, cities or municipalities are rated on their fulfilment of children's rights. In Brazil, there is considerable progress by several municipalities to promote child-friendly cities. South Africa has also made considerable progress in rolling out provincial and municipal plans that are supportive of the goals of the special session.

9. There is also increased reference to the Convention on the Rights of the Child,[1] to which the provisions of "A world fit for children" relate very closely. The majority of national plans of action for children make reference to the Convention or to the concluding observations of the Committee on the Rights of the Child on reports of the respective States parties to the Convention. Other human rights instruments, such as International Labour Organization (ILO) Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour and the two optional protocols to the Convention on the Rights of the Child,[2] are also increasingly recognized as part of the framework for national plans of action.

B. Investment in children

10. Progress in planning to address the goals for children has not been generally matched by the required investment for children. For many countries, there is a need to strengthen the link between plan preparation and budgeting processes.

11. Developing countries as a whole are still a long way from fulfilling the commitment that was made at the World Summit for Social Development, held in Copenhagen in 1995, when Governments agreed to a "20/20" compact which called for an allocation of, on average, 20 per cent of developing country budgets and of official development assistance (ODA) to basic social services. During the period 1994-2004, developing countries allocated only some 4 per cent of their central government budgets to health and 10 per cent to education, while allocating 10 per cent to defence.[3]

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[1] United Nations, *Treaty Series*, vol. 1577, No. 27531.

[2] Ibid., vol. 2171, No. 27531; and ibid., vol. 2173, No. 27531.

[3] See United Nations Children's Fund, *The State of the World's Children 2007: Women and Children — the Double Dividend of Gender Equality* (New York, 2006).

12. Though most investment in children comes from national sources, including families themselves, developing countries and especially the least developed countries should also be able to rely on support from the international community. Aid flows have improved since the March International Conference on Financing for Development, held in Monterrey, Mexico, in 2002, at which developed countries were urged to achieve the target of 0.7 per cent of gross national product (GNP) as official development assistance. At their summit meeting in 2005 the Group of Eight industrial countries made further commitments on aid and debt relief. By 2005, total official development assistance had reached $124 billion which, as a proportion of total donors' GNP, was 0.33 per cent.[4] Of that, some 6.1 per cent went to education, 3.8 per cent to health, 2.3 per cent to reproductive health and 4.8 per cent to water supplies and sanitation.[5]

13. Though a significant advance, today's flows of aid still fall far short of what will be needed to achieve the Millennium Development Goals and in particular to finance essential investment in children as anticipated by the outcome of the special session. To fill the financing gap — the difference between what developing countries need to invest to achieve the goals and what they can mobilize from their own resources — total ODA volumes would need to rise to an estimated 0.54 per cent of the GNP of wealthy countries by 2015.[6] Thus, to fulfil the rights of children and give them the best possible start in life, many Governments and the international community will need to step up their levels of investment.

14. On a smaller scale but rising is aid from non-governmental sources, estimated in 2005 at around $15 billion. This type of aid may involve much smaller flows, but it tends to be targeted effectively, to support children.

C. Legislating for children's rights

15. Among the important steps for ensuring children's rights is to make certain that those rights are established in national legislation and that implementation and recourse mechanisms are in place. Some countries have specifically included children's rights in their constitutions. Others have incorporated those rights into laws and regulations, or have ombudsperson functions specifically for children. By the end of 2005, 91 countries had reviewed their legal standards to better protect children from violence, compared to 61 countries in 2002.

16. However, a considerable gap remains between legislation and enforcement. There is a need to establish institutions, where absent, and to strengthen those that will adequately enforce the laws that protect children and provide recourse to them.

17. The Committee on the Rights of the Child continues to monitor and encourage efforts by States parties to ensure the compatibility of legislation with the provisions of "A world fit for children" and the Convention on the Rights of the Child. Some 93 State party reports have been submitted to the Committee since May 2002. The

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[4] Organization for Economic Cooperation and Development, *Development Database on Aid from DAC Members: DAC Online.*

[5] "Development cooperation report 2006", *OECD Journal on Development*, vol. 8, No. 1 (April 2007), table 19.

[6] United Nations Millennium Project, *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals* (London, Earthscan, 2005).

Committee has also provided interpretation of the content of provisions in the Convention through their concluding observations and the issuance of general comments on specific articles of the Convention. Both provide guidance to States parties in the development and implementation of action plans and programmes relating to children.

D. Participation of children

18. The special session benefited from child representatives from all over the world while many thousands of others contributed their own statements or paintings or photos. Since then, as is clear from the reports by many Member States, children have increasingly been making their voices heard — in their families, in their schools and their communities, and even at the level of national policy development. There have also been several initiatives, backed by technology, to enable the participation of children in discussions that cut across borders.

19. National surveys have been carried out in Argentina, Brazil, Suriname, Timor Leste and elsewhere to gauge the opinions of young people on various national development issues. The skills of young journalists have been enhanced in many countries, including Burundi, Guinea-Bissau and Sao Tome and Principe. The Junior 8 Summit is now an established forum to give voice to the concerns of children at the formal Group of Eight Summit. “Sports for development” initiatives in several countries have also provided a vehicle for youth participation, reaching young people with life-skills messages while promoting physical activity and recreation. Nevertheless, there is still much room for improvement in systematizing the appropriate participation of young people in decision-making in many countries and in assuring their rights of expression.[7]

E. Building partnerships to fulfil children’s rights

20. One of the foundations of the past five years of striving towards the goals for children has been the importance of partnerships. Governments, civil society, the private sector and international organizations have different strengths and play different roles. They need to ensure that their efforts reinforce and amplify each other.

21. Some of the striking examples include the Global Movement for Children, which brings together 10 organizations and networks; the Inter-Parliamentary Union (IPU), whose current membership includes 141 national parliaments and has focused on the protection of children against violence, exploitation and abuse; the Fédération internationale de football association, which has joined forces with clubs and fans to promote a peaceful world for children; the member countries of the Organization of the Islamic Conference (OIC), which in its First Islamic Ministerial Conference on the Child, held in 2005, called for an end to harmful practices and the elimination of gender disparity in education; and the World Conference of Religions for Peace, which at its World Assembly in 2006 committed itself to confronting violence against children.

[7] See for example, recommendations by the Committee on the Rights of the Child issued after the day of general discussion held in 2006 on “The right of the child to be heard”.

22. There have also been a number of notable regional initiatives, including the European Union's strategy to promote and safeguard the rights of the child in its internal and external policies; intergovernmental deliberations in Berlin, Sarajevo, Palencia, Spain and San Rossore, Italy, on making Europe, Central Asia and the Mediterranean fit for children; efforts by the Economic Community of Central African States (ECCAS) and the Economic Community of West African States (ECOWAS) to eliminate child trafficking; the African Union's support for accelerated child survival and development; the Siem Reap-Angkor Declaration by the East Asia and Pacific Ministerial Consultation, entitled "Towards a region where every child counts"; and efforts by the Caribbean Community and Common Market (CARICOM) and the Southern Common Market (MERCOSUR) to reduce child labour.

23. Many organizations have also united behind a wide range of globally shared initiatives and partnerships in support of children's rights. They include the GAVI Alliance (Global Alliance for Vaccines and Immunization); the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Roll Back Malaria Partnership; the Health Metrics Network; Global Alliance for Improved Nutrition; the Partnership for Maternal, Newborn and Child Health; the United Nations Girls' Education Initiative; Unite for Children, Unite against AIDS; and the Ending Child Hunger and Undernutrition Initiative. In 2006, the GAVI Alliance, for example, initiated support for vaccines against rotavirus and pneumococcus, to weaken the grip of some of the biggest child killers. In such partnerships, universities and policy institutions also play a key role in promoting research and technology development.

24. The private sector has also been an important partner in wide-ranging activities, including the provision of cash or in-kind donations, strategic philanthropic investments and exchanges of technical knowledge and expertise. Corporate alliances have increasingly been instrumental in providing services for children, including interventions for child survival, education, HIV prevention and humanitarian response. For example, the 2005 Indian Ocean tsunami attracted unprecedented support from the private sector in terms of financial resources and expertise in logistics management, while the Bill & Melinda Gates Foundation has become a major investor in many child-related Millennium Development Goals.

25. Collaboration is also evident between regions. South-South cooperation is encouraging valuable cross-region fertilization. Brazil, for example, has assisted Bolivia, Cape Verde, Guinea-Bissau, Paraguay, Sao Tome and Principe and Timor-Leste to expand care and support to children, adolescents and pregnant women affected by AIDS as well as by other sexually transmitted diseases.

F. Monitoring progress

26. Before the mid-1990s there were critical data gaps across many countries for monitoring the situation of children and women. For example, only 38 developing countries had data to monitor whether malnutrition rates among children were rising or falling. The Multiple Indicator Cluster Surveys (MICS), with the support of the United Nations Children's Fund (UNICEF), the Demographic and Health Surveys

(DHS), with the support of the United States Agency for International Development, and several others[8] were introduced to fill those important data gaps.

27. Nearly 200 Multiple Indicator Cluster Surveys in approximately 100 countries have been undertaken since 1995. The current round of MICS, implemented in over 50 countries in 2005-2006, provides data for 21 of the 53 Millennium Development Goal indicators, and together with the Demographic and Health Surveys in more than 40 countries is the largest single source of information for monitoring the Goals. In addition, data collected through the latest round of MICS allow for new and more comprehensive assessments of the situation of children and women, including on quantitative indicators of child protection. MICS and DHS also provide disaggregated data, including by gender, residence and wealth index quintiles, which allow for equity assessments within countries. The International Labour Organization has provided extensive support for the more precise and detailed estimation of child labour, and over 60 national child labour surveys have been completed.

28. Some 82 countries have adapted a package developed by UNICEF, *DevInfo*, to store and disseminate data. The preceding and other improvements in information management are helping to increase national capacities for monitoring both "A world fit for children" and the Millennium Development Goals. In addition, some countries have established independent watchdogs, such as observatories and ombudspersons, often in response to recommendations of the Committee on the Rights of the Child. The Committee also focuses, in its consideration of State party reports, on progress made in responding to the final document of the special session, including the development and implementation of plans for children.

III. Progress in the four major areas of "A world fit for children"

29. The goals of "A world fit for children" are directly supportive of the Millennium Development Goals. Additionally, the goals of the special session place emphasis on improvements in child protection that, although reflected in the United Nations Millennium Declaration (resolution 55/2), are not part of the Millennium Development Goals. Furthermore the outcome document of the special session sets detailed goals for children. The following assessment of progress in the four major areas of "A world fit for children" is therefore presented in the context of the relationship between the two mutually reinforcing sets of goals.

A. Promoting healthy lives

30. The first duty towards children is to ensure that they survive. If they are to live through the critical early months and years, they need adult care and protection — provided by their parents, but also with the support of affordable and accessible health systems. "A world fit for children" aims at achieving a reduction of under-five mortality by one third by 2010 (compared to 2000); the fourth Millennium Development Goal aims at a two thirds reduction by 2015 (compared to 1990).

[8] Other important surveys have been the Living Standards Measurement Study, Core Welfare Indicators Survey, World Health Survey, Reproductive Health Survey, the Pan-Arab Family Health Survey and the HIV/AIDS Indicator Survey.

Overall there is progress towards these and other health-related goals, but not at the needed pace.

31. For the first time in the modern era, the number of children dying before their fifth birthday may have fallen below 10 million in 2006. Between 1990 and 2005, under-five mortality decreased in all regions. Globally, 110 countries, including 65 developing countries, are estimated to be on track to meet the 2015 goal.

32. The overall rate of decline is, however, too slow for developing countries as a group to meet the goals. In 18 countries the trend has either stagnated or worsened. Even in countries that have made good progress, large variations often exist between districts or provinces. Based on the current trend, missing the fourth Millennium Development Goal would mean that in 2015 an additional 4.6 million children would die. Two thirds of those deaths would occur in sub-Saharan Africa.

33. Nonetheless, the deaths of children under five from such dominant causes as pneumonia, diarrhoeal diseases, malaria, measles, AIDS, undernutrition and neonatal conditions are preventable. The incidence of death is also related to income and poverty. The richest and the fastest-growing regions have been more successful in ensuring the survival of their children. The link between poverty and child deaths is also evident within countries. Rates of under-five mortality are typically much higher among poorer households.

34. A number of countries, including Bhutan, Eritrea, Timor-Leste and Viet Nam have managed to reduce child deaths even at relatively low levels of income per capita.[3] Lessons from successful countries indicate the necessity of using high-impact, comparatively low-cost solutions to accelerate the reduction of under-five mortality, including fully immunizing children, vitamin A supplementation, exclusive breastfeeding and appropriate complementary feeding practices, oral rehydration therapy for diarrhoeal diseases, antibiotics for pneumonia, insecticide-treated mosquito nets and effective antimalarial medicines for malaria. The preceding approaches are effective and relatively inexpensive.

35. Immunization is one of the high-impact solutions that has received considerable attention. The campaign against measles has been a remarkable success: the 2005 measles mortality goal of “A world fit for children” has been achieved. Between 1999 and 2005, the total number of measles deaths was reduced by an estimated 60 per cent globally, including a 75 per cent reduction in Africa. Diptheria, pertussis and tetanus immunization global coverage also reached 78 per cent. Between 1994 and 2005, the number of countries yet to eliminate maternal and neonatal tetanus fell from 82 to 49. Immunization against polio has also been very successful. Although there were outbreaks during the period 2002-2006, most have now been stopped, and in 2007 there are only parts of four countries that have never managed to interrupt transmission of the indigenous wild polio virus. Partnerships between Governments, the GAVI Alliance, the World Health Organization (WHO) and UNICEF have enabled marked improvements in immunization. Prospects for further improvements have come through the establishment in 2006 of the International Finance Facility for Immunization.

36. Nevertheless, the proportion of children fully immunized is also far from the 2010 target of 90 per cent under “A world fit for children”. Across the world routine immunization services still fail to reach 27 million children below the age of one and 40 million pregnant women. In particular, immunization coverage has

plummeted in countries dealing with emergencies. In 49 countries maternal and neonatal tetanus has not yet been eliminated, falling short of the target of full elimination. The implication is that each year some 257,000 infants die from neonatal tetanus and 30,000 women die from tetanus infection after they have given birth. Many Governments are also struggling to meet immunization targets owing to weak health service delivery capacity.

37. Adolescent health also remains a challenge in several respects. One persistent issue is that of early sexual activity, which, especially for girls, can also be unwanted or coerced. The result can be fatal, as is evident from many countries where complications related to pregnancy and childbirth are the major causes of death among adolescent girls. Adolescents are also tempted to experiment with what they consider adult behaviour such as smoking and using alcohol or illicit drugs. Youth smoking rates are the highest in Western Europe, where one third of boys and nearly one third of girls smoke. The health and safety of adolescents is also frequently compromised by arduous or hazardous work.

38. Adolescents will best be able to protect themselves and thrive if they are supported and encouraged by caring adults. They should also be able to rely on health services that address their psychological and reproductive health needs and well-being and provide professional and non-judgemental advice. Many countries have programmes for adolescents, in line with the goal of the special session, but they are typically on a small scale and reach only a small proportion of adolescents.

39. Progress towards the target, under the fifth Millennium Development Goal, of reducing the maternal mortality ratio by three quarters between 1990 and 2015 is slow. Some middle-income countries have made rapid progress in reducing maternal deaths. Nevertheless, maternal mortality levels remain unacceptably high across the developing world, particularly in sub-Saharan Africa and South Asia. Every year more than half a million women die from complications of pregnancy and childbirth. Coverage by skilled birth attendants is still low in many parts of the world: 43 per cent in sub-Saharan Africa, for example, and 41 per cent in South Asia. Although preventing unplanned pregnancies could avert around one quarter of maternal deaths, an estimated 137 million women have an unmet need for family planning.

40. Low birth weight remains a considerable challenge. Some 19 million children are born underweight each year. Moreover, the incidence of low birth weight has not declined over the past decade.

41. Both “A world fit for children” and the Millennium Development Goals aim at reducing the prevalence of underweight among children under five, by one third by 2010 (compared to 2000) and by half by 2015 (compared to 1990) respectively. Most countries have reduced child malnutrition since 1990. Two regions, East Asia and the Pacific, and Central and Eastern Europe and the Commonwealth of Independent States, have made major progress. The Latin America and the Caribbean region is also on track. However, only 58 countries are moving fast enough. About 143 million children under five are underweight in the developing world.

42. The best possible start for most children is to be exclusively breastfed for the first six months. Currently, just 38 per cent of infants born in the developing world are exclusively breastfed. The proportion has been increasing, though only slowly.[9]

43. Despite substantial progress, iodine deficiency has not been eliminated. Some 37 per cent of children aged 6-12, or 285 million, are deficient in iodine. There are still some 36 countries where less than 50 per cent of the households consume adequately iodized salt, and each year 38 million newborns in the developing world are unprotected from the lifelong consequences of brain damage associated with iodine deficiency.[3]

44. From 1999 to 2005, two-dose coverage for vitamin A supplementation increased more than fourfold, and all affected regions are close to achieving about 80 per cent coverage. However, up to 140 million children under the age of five may still be living with dangerously low stores of vitamin A, and four million children worldwide exhibit signs of severe deficiency.

45. Based on present trends for developing countries as a whole, the international goals on undernutrition are therefore likely to be missed. At the same time, levels of childhood obesity are rising in a number of developing countries. Much more attention needs to be paid to early childhood care, including programmes to encourage better feeding practices.

46. Children's chances of survival and their prospects for good health and nutrition are also closely bound up with the provision of clean water and the achievement of good standards of hygiene and sanitation. The outcome of the special session called for a reduction of the proportion of households without access to affordable and safe drinking water and sanitation by at least one third from 2000 to 2010. The Millennium Development Goals require halving the proportion without access to safe drinking water and basic sanitation between 1990 and 2015.

47. Between 1990 and 2004, across the developing world the proportion of people without access to an improved drinking water source decreased from 29 to 20 per cent. This means that the developing world as a whole is on track to reach the Millennium Development Goal drinking water target by 2015. Nevertheless, more than 125 million children under five years of age still live in households that are using unsafe sources of drinking water. Although Bangladesh, India and other countries have now intensified their efforts, the developing world as a whole is not on track to reach the sanitation targets. Accelerating progress for the above-mentioned goals will require much higher levels of investment and stronger partnerships between service providers and local communities.

48. Thus, overall, despite improvements, most of the health-related international goals will not be achieved at the current pace. Among the priorities for the years ahead are the scaling-up of high impact, cost-effective health and nutrition interventions for the most vulnerable children and women. Since many of them may live in remote areas, strategies that emphasize community-based integrated management of illness will be required.

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[9] World Health Organization and United Nations Children's Fund, *Global Strategy for Infant and Young Child Feeding* (Geneva, World Health Organization, 2003).

B. Providing quality education

49. "A world fit for children" calls for expanding and improving early childhood care and education, especially for the most vulnerable and disadvantaged children. About half of the reporting countries indicate that they have established organized support for early childhood care for children 2 to 6 years of age, though it mostly covers a small proportion of the age group. The proportion of children enrolled in pre-primary education tripled between 1970 and 2004, with almost 124 million children around the world currently benefiting and enrolment reaching 37 per cent.[10] Nevertheless, pre-primary education tends to have a lower priority in government budgets. Children in rural areas and those of poorer families tend to miss out.

50. The goals of the special session also aim at increasing net primary school enrolment or participation in alternative, good quality education programmes to at least 90 per cent by 2010 when compared to 2000 figures. The Millennium Development Goals require that by 2015, children everywhere be able to complete a full course of primary schooling. Many countries now have programmes to encourage children of primary school age to go to school. For developing countries as a whole, net primary enrolment has reached 85 per cent, up from 83 per cent in 1999. Many countries are now close to full enrolment.

51. Many countries with humanitarian needs have also run successful campaigns to boost school attendance. Efforts in Afghanistan in 2005, for example, led to 529,000 girls being newly enrolled in schools. In Nepal, the "Welcome to school" initiative combines enrolment drives focusing on girls and disadvantaged groups with steps to improve the learning environment. The effort was taken to scale nationally in 2005, resulting in an almost 12 per cent increase in primary enrolment. In Nigeria, Uganda, the United Republic of Tanzania and elsewhere, school water, sanitation and hygiene promotion programmes are making schools more attractive to children and also engaging them in promoting personal and environmental hygiene.

52. Nevertheless, data from household surveys that measure actual school attendance, combined with administrative data on enrolment, place the number of children out of school at 93 million in 2005. For the same year, administrative data alone suggest a figure of 72 million, of which 57 per cent were girls. For both boys and girls, the most serious problems regarding attendance occur in remote rural areas; attendance problems also affect those in ethnic, religious, linguistic or other minorities as well as children with disabilities. In addition, many children, especially in countries where enrolment ratios are low, fail to make sufficient progress to pass to the next grade. Children who begin regular work before completing school are disadvantaged in terms of both school performance and their readiness to participate in society.

53. One of the main issues is cost. In a substantial number of countries, fees are still prohibitive and parents also face costs for books, uniforms, additional "tutoring" and transportation. One of the most important steps is to abolish school fees and expand capacity to receive the increase in pupils that this will encourage. Other measures include offering free meals.

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[10] United Nations Educational, Scientific and Cultural Organization, *Education for All Global Monitoring Report, 2007* (Paris, 2006).

54. Significant advances have been made towards gender parity. By 2005, some 91 developing countries had achieved gender parity in primary enrolment.[11] However, some 48 million girls are still not attending primary school, with nearly three quarters of them belonging to various excluded groups.

55. Improving the quality of learning is still a major challenge. In some countries the student-teacher ratio is 55 or more. The absence of water and sanitation facilities in many schools also hits girls particularly hard. Over 200 million school-age children across the globe are infected with parasites and flukes.[12] Such infections undermine not only children's health but also their education: hookworm infection, for example, leads to anaemia, which may affect children's ability to learn.

56. Overall, there has been considerable progress towards the goals relating to universal enrolment and gender disparity reduction. However, major challenges persist regarding school attendance and the quality of learning.

57. Among the priorities for the years ahead are investing in early childhood development; using innovative approaches to assist the most marginalized children to attend and complete school; ensuring that schools are child-friendly; aiming for quality; and reaching out to more girls.

C. Protecting against abuse, exploitation and violence

58. Progress in improving the protection of children has been mixed since the special session. Progress in such areas as data gathering, birth registration and the reduction of child labour has been considerable, and many countries are implementing plans or revising legal frameworks to address violence against children. Challenges, however, persist in many areas, including the use of children in armed conflict, harmful traditional practices, trafficking and migration.

59. Many developing countries have achieved quite high rates of birth registration and some have effectively reached 100 per cent. However, one out of three countries in the developing world still has birth registration rates below 50 per cent.

60. The Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict[13] has been ratified by 117 States, up from 13 in 2002. Some 121 countries have also ratified the Optional Protocol on the sale of children, child prostitution and child pornography,[14] up from 15 in 2002.

61. Many Governments have also agreed on principles to be followed when working to prevent the recruitment and use of children in armed conflict or to ensure their release and reintegration, as for example reflected in the Paris Commitments to Protect Children Unlawfully Recruited or Used by Armed Forces or Armed Groups, which have been adopted by 59 countries. In many countries, Governments and partners have developed disarmament, demobilization and reintegration programmes to help former child soldiers acquire new skills and return to their communities.

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[11] United Nations Children's Fund, *Progress for Children: A Report Card on Gender Parity and Primary Education*, No. 2 (New York, 2005).

[12] Partnership for Child Development, "School-age children: their nutrition and health" (London, 2002). Available from http://www.schoolsandhealth.org.

[13] United Nations, *Treaty Series*, vol. 2173, No. 27531.

[14] Ibid., vol. 2171, No. 27531.

62. Nevertheless, the Special Representative of the Secretary-General for Children and Armed Conflict reported in 2006 that in over 30 "situations of concern", more than 250,000 children were serving as child soldiers. The largest numbers of child soldiers, around one third, are in sub-Saharan Africa, but children are also fighting in ongoing conflicts in several Asian countries and in parts of Latin America. Even in countries ostensibly at peace, tens of thousands of children become members of armed street gangs. Many other children have fallen victim to warfare. Each year around 2,000 children are injured or killed by landmines,[15] and untold numbers have fallen to suicide bombings, improvised explosive devices or explosive remnants of war.

63. The Security Council has played an important role in calling for the international accountability of those who recruit and use child soldiers. For example, Security Council resolution 1612 (2005) requested the establishment of a monitoring and reporting mechanism on six specific child rights violations: killing and maiming, abduction, attacks on schools and hospitals, sexual violence, child recruitment and denial of humanitarian access. The mechanism is being piloted in seven countries.

64. Between 2000 and 2004, despite a 2 per cent rise in the population of children 5-17 years of age, the number of children economically active fell by 10 per cent, and the number of child labourers fell by 11 per cent, with the largest decline among those doing hazardous work.[16]

65. However, other forms of exploitation of children persist. The International Labour Organization estimates that at any given time 2.45 million people are forced labourers who have been trafficked, of whom 40 to 50 per cent are children. The majority of trafficked girls end up being sexually exploited or abused. About 1.8 million children are estimated to be ensnared in the commercial sex trade, with 1 million thought to be involved in South-East Asia alone. Another facet of the commercial sexual exploitation of children is through the production and distribution of pornography. The Internet has opened up a plethora of new channels for images. Many children are victims of paedophilia.

66. Violence against children was the subject of a study by an independent expert submitted to the General Assembly in 2006.[17] The report pointed out that much of the violence remains hidden, including homicide, armed violence, corporal punishment, bullying and sexual violence, violence in care and justice systems, violence in the home and family and in educational settings. The study stressed that all forms of violence against children are preventable and that no form is justifiable.

67. Many countries are addressing violence against children, including the following: Austria, where schools have introduced programmes for younger children to address issues related to sexual violence in a child-oriented way; Croatia, where the Government has produced a comprehensive plan entitled, "Seven steps to a safe school"; Guyana, where the Government has embarked on sensitization; and Norway, where key partners are promoting zero tolerance of bullying.

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[15] Machel Review, thematic paper (2007).

[16] International Labour Organization, *The End of Child Labour: Within Reach* (Geneva, International Labour Office, 2006).

[17] Paulo Sérgio Pinheiro, *World Report on Violence against Children* (Geneva, United Nations Secretary-General's Study on Violence against Children, 2006).

68. Over 90 per cent of children in conflict with the law are accused of only minor offences and are first-time offenders. Most detained children have yet to be convicted or even brought to trial. Most countries have laws in line with the Convention on the Rights of the Child, although they frequently fail to implement them, often using prison as a first rather than as a last resort for children. At least 31 countries permit corporal punishment in sentencing children for crimes. Many of the problems facing children in conflict with the law are also experienced by child asylum-seekers and refugees.

69. Two of the most widespread exploitative traditional practices are child marriage and female genital mutilation or cutting. The goal of "A world fit for children" is to end early and forced marriage as well as female genital mutilation or cutting by 2010. However, based on present trends this goal will be missed. In 2005, over 60 million women aged 20-24 had been married or were already in union before the age of 18. Female genital mutilation or cutting is still widely practised in at least 30 countries in Africa and the Middle East as well as among the immigrant communities in Europe, America and Asia. Other practices include sex selection and female foeticide in some societies.

70. Furthermore, millions of children around the world are growing up without one or both of their parents. Many more are at risk of separation, owing to the impact of poverty, disability and AIDS or of such crises as natural disasters and armed conflict.

71. Despite progress in collecting data on child protection issues since the special session in 2002, there remains a widespread absence of key indicators at various levels of decision-making. In 2006, for example, significant data on child protection were included in national development plans and their equivalents in only some 24 developing countries.

D. Combating HIV

72. Progress towards the goals on HIV and children is mixed.

73. Over 100 countries have established programmes for the prevention of mother-to-child transmission of HIV, but as of this writing few have scaled up those programmes to achieve national coverage. In 2005, of the more than 2 million pregnant women estimated to be living with HIV, only 220,000 received antiretroviral prophylaxis for the prevention of mother-to-child transmission. Just seven countries had made significant progress towards the international target of 80 per cent access by 2010 by providing antiretrovirals to reduce mother-to-child transmission to at least 40 per cent of HIV-infected pregnant women by the midpoint year of 2005. Except for Botswana, all of the countries were outside sub-Saharan Africa, the region experiencing the greatest impact of AIDS.

74. As a result of the slow national scaling up of programmes to prevent HIV transmission from mother to child, the World Health Organization estimates that in 2006 approximately 2.3 million children under the age of 15 years were living with HIV, almost all infected as a result of mother-to-child transmission. Approximately 780,000 of those children were in need of treatment, but only some 116,000 of them were actually receiving it. Significant progress in access to treatment for children is being made, however, and WHO estimates that, of the children in need of treatment,

the proportion who have gained access to that treatment has increased by about 50 per cent from 2005 to 2006. Such significant increases are a result of several factors, including increased international focus on the needs of HIV-infected children, a greater demonstrated commitment to equity in access to treatment by many Governments in high HIV-burden countries and significant reductions in the price of antiretrovirals during the last two years.

75. HIV infection among adolescents and young people also continues to be a challenge. Currently around one quarter of all infected people, some 10 million, are 15 to 24 years of age.[18] Globally, young people accounted for 40 per cent of new HIV infections among adults in 2006.[19]

76. Actions are being stepped up by Governments and their partners to protect the roughly 12 million children in sub-Saharan Africa who have lost one or both parents to AIDS. By mid 2006, at least 20 countries had drawn up national plans of action for orphans and vulnerable children (see E/ICEF/2007/5, para. 34). Furthermore, 15 out of the 23 sub-Saharan African countries that had trend data on school attendance among children aged 10-14 who had lost both parents showed a decline in disparity between orphans and non-orphans. Cameroon, Kenya, Malawi and Mozambique have cash-transfer programmes in some of the poorest areas, for families where children are especially vulnerable to leaving home or dropping out of school. The scale of current programmes is, however, too small to make the needed impact.

77. There is the need for more focused partnerships to protect children infected or affected by HIV. In 2005, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNICEF issued a global call to action to ensure that antiretroviral therapy and prophylaxis with co-trimoxazole reach 80 per cent of affected children by 2010, as part of overall public health strategies and linked with other child survival interventions.

78. There have been a number of new partnerships to enhance the global response, including the International Drug Purchase Facility of UNITAID[20] and the United States President's Emergency Plan for AIDS Relief. Meanwhile, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS co-sponsors and international non-governmental organizations are also helping national Governments to scale up paediatric treatment and the prevention of mother-to-child transmission of HIV.

79. The "Unite for Children, Unite against AIDS" effort launched in 2005 by UNICEF, UNAIDS and WHO provides a further opportunity to reverse the spread of HIV among children and young people. Several donor nations have also earmarked

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[18] Roeland Monasch and Mary Mahy, "Young people: the centre of the HIV epidemic", in *Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries*, WHO Technical Report Series No. 938, chap. 2, David A. Ross, Bruce Dick and Jane Ferguson, editors (Geneva, World Health Organization, 2006).

[19] Joint United Nations Programme on HIV/AIDS, *AIDS Epidemic Update* (Geneva, December 2006).

[20] UNITAID, the International Drug Purchase Facility, is an initiative of the Governments of Brazil, Chile, France, Norway and the United Kingdom. It is designed to provide a source of financing for purchases of quality drugs at reduced prices for health-care programmes addressing HIV and AIDS, malaria and tuberculosis. Participating entities of the United Nations system include WHO, UNICEF and UNAIDS. Also involved are the Global Fund to Fight AIDS, Tuberculosis and Malaria, the William J. Clinton Foundation and the Bill & Melinda Gates Foundation. See http://www.unitaid.eu.

a minimum of 10 per cent of their resources to combat HIV specifically for children, including Ireland, the United Kingdom of Great Britain and Northern Ireland and the United States of America.

80. Nevertheless, there is need for increased resources targeted at meeting the needs of children. Estimates suggest that nearly $30 billion[21] will be needed by the end of the decade to provide a dramatically scaled-up response to the needs of children infected or affected by HIV.

IV. Ways forward

81. Seven years ago the General Assembly issued the United Nations Millennium Declaration, in which the Heads of State and Government reaffirmed their duty "to all the world's people, especially the most vulnerable, and in particular, the children of the world, to whom the future belongs".[22] Five years ago, at its twenty-seventh special session, the Assembly called on all members of society to join a global movement that would help to build a world fit for children.[23]

82. There have been notable successes since 2002, including significantly reducing deaths among children due to measles, a sharp decline in the number of polio cases and a remarkable increase in primary school enrolment. Nevertheless, challenges persist, including ensuring that many more children survive, are well nourished and are properly protected from violence, exploitation and abuse. Many countries continue to face constraints on the capacity of delivery systems to ensure widespread, equitable access to basic services that are critical for child survival, development and protection. While there have been inspiring examples of greater participation of children and young people in decisions that affect their lives, such participation is rarely built into local practices and national systems.

83. Many of the challenges are rooted in inequity or discrimination. They arise from a failure to extend the rights enjoyed by some children to all children. There is no question that children born in developed countries are many times more likely than those in developing countries to reach their first birthday or complete primary education. Children of ethnic minorities or those born in rural environments tend to have less access to adequate health care or clean water and sanitation compared to their peers from dominant social groups or in cities. The most pervasive inequity lies in the differences in the enjoyment of rights between boys and girls, where gender discrimination often prevents girls from benefiting from essential services and underlies their vulnerability to sexual and other forms of violence.

84. The differences between the circumstances of rich and poor, majority and minority, boy and girl, are as great as they have ever been, and in some parts of the world are becoming greater, even as countries' average per capita incomes grow and progress is made towards attaining the Millennium Development Goals. The Convention on the Rights of the Child and its Optional Protocols, the Millennium Declaration and the outcome of the special session clearly spell out the imperative of the best possible start in life for all children, one which guarantees them the highest attainable standard of health, a proper education, protection from violence,

[21] Based on 2005 UNAIDS resource needs assessments.

[22] See resolution 55/2, para. 2.

[23] See resolution S-27/2, para. 7.

exploitation and abuse and an opportunity to have a say in decisions that affect them. That is why the Millennium Development Goals, when seen in the context of human rights standards, the Millennium Declaration and the Convention on the Rights of the Child, are truly goals for all children, not just for those more fortunate.

85. The journey to 2010 and to 2015, the years on which most targets for children converge, will be demanding. Achieving the goals will require unprecedented efforts to overcome surmountable obstacles, including humanitarian crises, the effects of HIV, growing income inequality across the globe, concerns about the effects of migration and climate change. As revealed by recent challenges from the Indian Ocean tsunami, the Middle East, the Great Lakes region of Africa, Darfur and several others, humanitarian crises present an extraordinary threat to the rights of children. Those obstacles demand vigilance and more extensive forms of international cooperation.

86. Improved technologies will contribute to progress and protection. For children, potential benefits lie, for example, in communication technologies that are unlocking vast stores of human knowledge. Children should also benefit from critical medical research and the development of new vaccines, effective South-South cooperation for technology and knowledge transfer and more readily available and affordable treatment for many childhood illnesses.

87. Failure to achieve the goals of "A world fit for children" will significantly undermine efforts towards realizing the aspirations of the Millennium Declaration by 2015 and beyond. Present trends call for a scaled-up response by Governments to the extent of their capacities, increased commitments from the international community and broader and more focused partnerships to achieve the goals of the special session on children.

88. The core issues, as always, are commitment and delivery. Governments, civil society and the international community will continue to have the responsibility to foster and sustain an environment in which families can ensure that their children survive and develop.

89. The question that will be paramount during the period 2010-2015, when the goals of the special session and the Millennium Development Goals are due to be met, is whether in a world of unprecedented prosperity, enough resources and commitment have been invested to fulfil the rights of children everywhere. A second question is whether the international community will be adequately prepared to address the problems that children will face in 2015 and beyond.

90. The lesson from the past five years is that, while dramatic progress is possible when the will is there, Governments and their partners still need to do far more for children. The international community should never, in the deliberation of multiple global challenges, lose its focus on children. The quality and prosperity of societies tomorrow will depend on how well the rights of today's children are fulfilled.