



General Assembly

Distr.: General
17 August 2006

Original: English

Sixty-first session

Item 62 (b) of the provisional agenda*

**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 the request of the General Assembly to the Secretary-General, in its resolution 59/261 of 23 December 2004, to prepare an updated 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 General Assembly resolution S-27/2, annex), with a view to identifying new challenges and making recommendations on actions needed to achieve further progress.

* A/61/150.



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I. Introduction

1. The present report is the fourth 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 first report (A/58/333) was presented at the fifty-eighth session, the second (A/59/274) at the fifty-ninth session and the third (A/60/207) at the sixtieth session.

2. At the historic session of the Assembly devoted exclusively to children, delegations from 190 countries adopted the Declaration and Plan of Action entitled “A world fit for children” (General Assembly resolution S-27/2, annex). That 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. Delegates also committed their Governments to a framework for moving forward, which included: (a) developing or strengthening action plans for children, including specific goals and targets, by the end of 2003, 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 international 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; and (d) regular monitoring of the situation of children at the national level and periodic reviews of progress towards the fulfilment of the global agenda.

4. The four major goal areas of “A world fit for children” strongly reinforce the United Nations Millennium Declaration (General Assembly resolution 55/2) and the Millennium Development Goals, of which seven directly address and affect the rights of children. It was clearly recognized that the building of a world fit for children would be a major step in fulfilling the commitments of the Millennium Summit of 2000.

5. Implementation of the commitments of the special session on children is 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 goals of “A world fit for children” are also firmly reiterated in the 2005 World Summit outcome (General Assembly resolution 60/1) and the outcome of the 2006 High-Level Meeting on AIDS (resolution 60/262, annex).

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

A. Global trends in the follow-up process

6. A total of 177 countries are now engaged in activities to follow up the goals of “A world fit for children”. Those countries have incorporated the goals into their planning processes by either developing national plans of action on children’s issues

or integrating the goals into mainstream national plans. Several countries have used both mechanisms.

7. A total of 47 countries had completed national plans of action by the end of 2005, an increase from 25 in 2003. In addition, 99 countries had incorporated the goals of “A world fit for children” into national development plans, such as poverty reduction strategy papers, by the end of 2005, an increase from 68 in 2003. The goals are also explicitly targeted in the sectoral plans of 90 countries.

8. Subnational plans in several countries also reflect the goals of “A world fit for children”. Efforts to develop regional/provincial, district and local plans of action were reported in numerous countries in 2005, in keeping with the trend towards decentralization of government. In some countries, follow-up on national plans of action at the subnational level has been much stronger than at the national level. In others, provincial or local plans of action appear to have been developed independently of national planning processes.

9. There is also increased attention to the Convention on the Rights of the Child. 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. 138 concerning the Minimum Age for Admission to Employment, 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, are also increasingly recognized as part of the framework for national plans of action. Almost all the national plans of action on children prepared since the special session anticipate the need to review national legislation in relation to the provisions of the Convention. A number of them also propose strategies to increase the attention given to the views of children.

B. Regional trends in choices of planning approaches

10. In the region of Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States, and in the Latin American and Caribbean region, the majority of countries have opted to develop a national plan of action, even if they also had a national development plan or poverty reduction strategy paper. In sub-Saharan Africa, on the other hand, the most dominant form of national plan continued to be the poverty reduction strategy paper. The Asian and Pacific region also did not see much change in the adoption of new national plans of action. In the region of the Middle East and North Africa, the overall trend was to integrate the goals of “A world fit for children” into sectoral or other development plans. A number of industrialized countries also continued to follow up the goals of the special session.

11. The convergence between the Millennium Development Goals and the outcome of the special session has resulted in increased attention to health and educational goals of the latter in national plans. On the other hand, the issue of child protection continued to be insufficiently addressed. Public agencies that are responsible for child protection are faced with severe resource constraints. Nevertheless, the Secretary-General’s study on violence against children has stimulated the drafting of new legislation and public initiatives in many countries.

C. Budget allocations to meet the goals

12. Available information shows mixed results in terms of the impact of planning goals of “A world fit for children” on government budgets. For many countries, there is the need to strengthen the link between plan preparation and budgeting processes. This is particularly so for national plans of action.

13. In a number of industrialized countries, the commitment to the Millennium Development Goals and the goals of “A world fit for children” has led to increased overseas development assistance, including increases in aid for education, basic health services and water supply and sanitation.

D. Participation of children

14. The impetus that the special session gave to children’s participation is being sustained. Children and young people were involved in the preparation of several national development plans and national plans of action in 2005. Children and young people also continue to be involved in a wide variety of activities within their communities and societies, including decision-making processes, advocacy, awareness-raising campaigns on child rights, including the right to education and prevention of child labour. They are also becoming increasingly involved in regional intergovernmental meetings on subjects that concern them. New children’s parliaments are being set up and existing ones strengthened to serve as mechanisms to promote more systematic consultation between Governments and children and young people.

15. At the global level, children and young people have been actively involved in consultations and meetings related to the United Nations study on violence against children and the global campaign on HIV/AIDS, and more recently for the first time, a children’s event became an official part of the Group of Eight summit held in St. Petersburg, Russian Federation, in July 2006.

E. Processes for monitoring and reporting

16. Progress towards child-related goals is being monitored by the majority of countries. Governments continue to take measures to improve their databases, evaluate progress in plan implementation and develop surveillance systems and other monitoring tools, including the establishment of independent watchdogs, such as observers and ombudsmen.

17. In order to update their database and to track progress towards development goals, 46 countries initiated multiple indicator cluster surveys in 2005. Some 20 countries also carried out family and reproductive health surveys, national demographic and health surveys and national household surveys. Those surveys will provide up-to-date disaggregated data on progress towards several international development goals. In addition, some 80 countries have adopted *DevInfo*, the United Nations-sponsored database, to expedite the monitoring of progress. Advances in achieving the goals of “A world fit for children” are also partly reflected in the Millennium Development Goal reports that countries submit to the Secretary-General on a regular basis. There is nevertheless a need to strengthen the involvement of civil society, young people and children in the monitoring process.

F. Linkages to regional intergovernmental mechanisms

18. Governments continue to also use intergovernmental mechanisms to follow up on the goals of the special session. In the Middle East and North Africa, the Organization of Islamic Countries convened a Conference on Children in Rabat, Morocco, in November 2005 to reaffirm the commitment of Governments in Islamic countries to achieve the Millennium Development Goals and the goals of “A world fit for children”.

19. In Africa, several initiatives at the regional level strengthened national commitment and action in specific areas relevant to the goals of “A world fit for children”. A meeting of African parliamentarians was held in Dakar in December 2005 to discuss ways to end female genital mutilation/cutting. Early childhood development also gained increased visibility in 2005, partly owing to the Third African International Conference on Early Childhood Development held in Ghana in May. Legislative review on human trafficking continued in countries in West and Central Africa. Nine countries in the region (Benin, Burkina Faso, Côte d’Ivoire, Guinea, Liberia, Mali, Niger, Nigeria and Togo) have signed a multilateral cooperation agreement to combat child trafficking in West Africa. The Economic Community of Central African States and the Economic Community of West African States are preparing an international conference on trafficking in persons in 2006. The AfricaInfo database, a pan-African database for monitoring the Millennium Development Goals and Africa-specific goals of “A world fit for children” was updated in 2005 and will be relaunched in 2006.

20. The seventh East Asia and the Pacific Ministerial Consultation on Children was held in Cambodia in March 2005. Senior representatives from Governments, United Nations agencies, international financial institutions, regional bodies and academic institutions, together with children and young people, agreed on approaches for accelerating progress towards the goals and targets of “A world fit for children” and the Millennium Agenda. The outcome document of the consultation, the Siem Reap-Angkor Declaration, entitled “Towards a region where every child counts”, identified specific strategies to reduce disparities, enhance adolescent development and improve child survival, growth and development.

21. Countries in the Latin American and Caribbean region met at the Ibero-American Summit to discuss challenges related to poverty and social exclusion. The Caribbean Community Council for Human and Social Development dedicated its session in October to youth, children and women’s issues. Ministers approved a regional strategy for youth development, which provides the Caribbean Community with a framework for improving the lives of young people. Countries in the region have committed themselves at the highest political level to prevent and eliminate child labour. In November 2005, at the fourth Summit of the Americas in Mar del Plata, Argentina, the elimination of the worst forms of child labour was set as a target to be achieved by 2020. Furthermore, in the framework of the Common Market of the South (MERCOSUR), since 2002, employers, workers and Governments have elaborated joint plans of action on combating child labour, including the stimulation of school stipends for poor families to send girls and boys to school.

22. Civil society alliances and coalitions also continued to work at all levels to promote and support follow-up to the special session, including in partnership with

the United Nations family, on the “Unite for children, unite against AIDS” campaign. The campaign aims at providing a child-focused framework for nationally owned programmes, including the prevention of mother-to-child HIV transmission, the provision of paediatric treatment, the prevention of HIV infection among adolescents and young people and the protection of and provision of support for children affected by HIV/AIDS. The campaign also aims to provide a platform for child-focused advocacy on global AIDS issues, to put the “missing face” of children affected by AIDS at the centre of the HIV/AIDS agenda and make sure that the voices of children and young people are heard on the issues that affect them. Furthermore, in the framework of combating HIV/AIDS-induced child labour, ILO tripartite partners, in close alliance with civil society, have been working since 2005 on action programmes that target AIDS prevention and the economic exploitation of orphans and vulnerable children in sub-Saharan Africa.

G. Constraints to follow-up

23. At the end of 2005, no information was available in the sources used for the present report for 10 countries out of the 190 that attended the special session; among the others, only three countries had functioning national Governments which were not developing plans of action relevant to the goals of “A world fit for children”. Not all of the goals are being adequately addressed in the remaining 177 countries.

24. There are still many obstacles to the effective implementation of child-related plans. They include weak links between plans and budgets in many countries; weak institutional capacity; natural disasters, conflicts, violence and insecurity; the loss of human resources to the AIDS pandemic; and inadequate resources to meet the cost of achieving all the goals of “A world fit for children”.

25. Insufficient focus on child protection continues to be a major concern. Several countries also place only limited emphasis on early childhood development.

26. The participation of civil society in the follow-up process needs to be extended from plan preparation to implementation and monitoring. Greater provision is also needed for the participation of children and youth in the full cycle of national planning, especially in institutionalizing the process of child participation in policy advocacy, and for the establishment of relevant structures at the national and local levels to provide support for and sustain the involvement of children and young people in decision-making.

27. There are also challenges in the generation of data to support programmes that are specifically oriented towards disadvantaged families and children.

28. The United Nations Millennium Declaration (General Assembly resolution 55/2) has created a positive synergy with the goals of “A world fit for children” and has led to the convergence of national planning processes around a common set of goals. Nevertheless, the impact of that convergence on programmes should be carefully monitored to ensure that it does not result in decreased visibility of children’s issues.

29. Regarding funding, several countries have been successful in mobilizing additional resources and protecting expenditures for the four areas identified in “A world fit for children”. Poverty reduction strategies and national development plans

have been useful instruments in mobilizing resources. However, few of the national plans of action developed specifically for children have well-developed budget information. Efforts are needed to strengthen the link between national plans of action and national budgets. There is also a need for Member States to continue to improve the mainstreaming in national budgets of programmes aimed at achieving the goals of “A world fit for children”.

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

A. Promoting healthy lives

30. Significant efforts were made in 2005 to promote healthy lives in all regions of the world. A number of countries in West and Central Africa continued to implement an accelerated child survival and development initiative, in partnership with the United Nations Children’s Fund (UNICEF) and the Government of Canada, with the aim of demonstrating the effectiveness of the integrated implementation of low-cost key effective interventions on child survival. The total initiative, covering a population of 17 million people so far, is estimated to prevent over 18,000 child deaths per year.

31. The promotion of evidence-based interventions with high impact on child health continued in 2005, including new and better formulations of both oral rehydration salts and zinc as a part of the diarrhoea treatment package; community management of pneumonia or acute respiratory infections; and exclusive support for the promotion of breastfeeding and complementary feeding. The launching of the World Health Organization (WHO)/UNICEF Global Strategy for Infant and Young Child Feeding and the United Nations HIV and infant feeding initiative gave further impetus to child survival. The focus on families and communities was also intensified. Parenting programmes often combined interventions for development and protection at the family level. By 2005, some 93 countries had a defined list of key care practices for children, up from 67 in 2002, and 82 countries have some form of community integrated management programme for childhood illnesses.

32. Efforts to eliminate iodine deficiency disorders were intensified. Some 69 per cent of households in the developing world now consume adequately iodized salt and 82 million newborns are being protected every year from learning disabilities and delays caused by iodine deficiency disorders. Approximately 30 countries have reached the 2005 goal of sustainable elimination of iodine deficiency disorders. The highest levels of salt iodization are found in Latin America and the Caribbean (86 per cent) and East Asia and the Pacific (85 per cent). In the region of Central and Eastern Europe and the Commonwealth of Independent States, where levels are the lowest, coverage has increased from 20 per cent to 47 per cent of households, but low prioritization still hampers progress towards achieving the goal in some countries of that region.

33. Around 1 billion people worldwide suffer from anaemia, most commonly iron-deficiency anaemia, which is a major cause of maternal death and of cognitive deficits in young children. Anaemia reduction programmes, although increasing in scope, are a small part of nutrition efforts globally.

34. The acceleration of programmes to prevent and control malaria has required the formation of new partnerships at the country level. They have developed in the form of coordination mechanisms led by national Governments in which all partners in the Roll Back Malaria programme contribute according to their comparative advantage. A major contribution has been the demonstration of effective mechanisms for the distribution of highly subsidized insecticide-treated bednets in order to reach high coverage among young children and pregnant women, through health centres and voucher schemes, linked to routine immunization, campaigns to target multiple antigens and antenatal care services.

35. Immunization is one of the most successful and cost-effective public health interventions and the only one that has consistently reached over 70 per cent of young children in recent years. Immunization has already contributed significantly to progress towards Millennium Development Goal 4 on reducing child mortality. Measles-specific mortality has been reduced by more than 50 per cent globally compared with 1999. However, over 27 million children under one year of age did not receive three doses of diphtheria, pertussis and tetanus vaccine (were deprived of full immunization services), and 40 million pregnant women were not protected against tetanus through routine immunization services in 2004. Those children and women were often among the poorest and most marginalized population groups.

36. In 2005, despite major challenges, the Global Polio Eradication Initiative, led by the Centre for Disease Control and Prevention, Rotary International, UNICEF and WHO made significant progress towards the goal of interrupting endemic virus transmission. By February 2006, the number of polio endemic countries had been reduced to four. The number of countries that still report active transmission of imported polio virus has now fallen from 21 to 9. By the end of 2005, more than half of the 1,951 total global polio cases were in non-endemic countries.

37. With adequate resources and appropriate policies, millions of young lives could be saved through simple, proven, cost-effective prevention and treatment measures. Nevertheless, if current trends continue, the reduction in under-five mortality worldwide from 1990 to 2015 will be only about 23 per cent — alarmingly short of the two thirds reduction target set by Millennium Development Goal 4.

38. There are some opportunities to expedite the immunization of all children. In 2005, WHO and UNICEF finalized the Global Immunization Vision and Strategy for 2006-2015. This programme provides an overarching framework and specifically guides countries and immunization partners in addressing the challenges of protecting more people against more diseases and strengthening the linkages between immunization and other health interventions. The Strategy also encourages countries to more rapidly introduce newly available vaccines and technologies. The Global Alliance for Vaccines and Immunization, a public-private-civic partnership (including academia and professional associations as well as Governments of developed and developing countries) has become the major source of funds for immunization worldwide. Support from the Alliance has enabled the introduction of underused vaccines (hepatitis B, haemophilus influenzae type b (HiB) and yellow fever) in a significant number of countries. It is estimated that by the end of 2005, nearly 1.7 million future deaths from hepatitis B, HiB disease and pneumonia pertussis had been averted through support from the Alliance. About 90 million and 14 million children are projected to have been vaccinated with hepatitis B and HiB, respectively, by December 2005. United Nations agencies have been active on the

board and in the working groups of the Alliance, which is leveraging significant new funds through innovative mechanisms, such as the international financing facility for immunization.

39. Access to safe drinking water and basic sanitation is an indispensable component of primary health care. UNICEF continued to expand its support for water supply, sanitation and hygiene, assisting 95 countries by 2005 compared with 78 at the beginning of the decade, and benefiting tens of millions of people. Good progress was also made towards the eradication of dracunculiasis (guinea worm disease), with the global total of indigenous cases being reduced from over 63,000 at the end of 2001 to about 12,000 in 2005.

B. Providing quality education

40. An estimated 117 million school-age children continue to be excluded from primary education — 53 per cent of them girls. Universal primary education by definition cannot be achieved without gender parity. Equally, gender parity in primary education is of limited worth if participation remains at very low levels. Three regions — the Middle East and North Africa, South Asia and West and Central Africa — did not meet the gender parity goal in primary education by 2005.

41. The improvement in primary school enrolment between 1990 and 2000 in a number of African countries shows that success is possible. Girls' education has been expanding all over the world, but neither quickly nor consistently enough to provide a basic education for millions of girls still out of school.

42. Enrolment, however, is only half the battle. Dropping out, repeating grades and the poor quality of learning mean that many of those who do attend school still fail to obtain the skills needed to function as literate individuals.

43. In 2005, the international community continued to provide support to many Member States in implementing programmes that will enable all children to attend school. Interventions supported included supply of learning materials, school meals, construction of classrooms, sponsorship for learners or conditional cash transfers to households, the development of child-friendly schools, and the participation of children and parents in school management. Several inter-sectoral initiatives were also supported, including HIV/AIDS prevention education and strategies to secure access to basic services for orphans and other vulnerable children. It is now widely acknowledged that child labour is a major obstacle to achieving education for all boys, girls and adolescents. Recognizing that those problems are inextricably intertwined and are best tackled jointly, ILO, the United Nations Educational, Scientific and Cultural Organization, UNICEF, the World Bank and the Global March Against Child Labour have agreed to work together and established the Global Task Force on Child Labour and Education for All.

44. Nevertheless, available data show that intensive efforts are needed to enable every child to receive quality basic education. Recent studies show that poverty remains a major barrier to access.

C. Protecting against abuse, exploitation and violence

45. Progress has been made since the special session on children to promote the protection of children in all regions. As of January 2006, 121 countries had signed the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, while 114 countries had signed the Optional Protocol on the sale of children, child prostitution and child pornography — up from 16 each in 2001. As of August 2006, 146 countries had ratified ILO Convention No. 138 concerning the Minimum Age for Admission to Employment, and 161 countries had ratified ILO Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour.

46. There has also been progress in the use of integrated approaches that strengthen protection issues across sectors. Promising examples of greater integration include linking birth registration to immunization services and school enrolment; developing school programmes to detect forms of child labour that prevent school attendance and to re-enrol child workers; strengthening the capacity of both health and child protection services to detect and manage child abuse; and promoting the mainstreaming of children with disabilities into educational and health systems.

47. There has been some success by some Member States in integrating protection issues within their national plans. Increasingly, partnerships have also been built by United Nations agencies to make links between child protection and the Millennium Development Goals within the United Nations Development Assistance Framework. Joint work and alliances among United Nations partners at the country level are growing in the areas of good governance, access to social protection, child labour, childcare policy reforms, children in contact with the justice system and violence against children and women. Indicators have now been developed and are in use for monitoring children in public care, juvenile justice, child marriage, female genital mutilation/cutting and violence.

48. The United Nations has supported the disarmament, demobilization and reintegration of children in many conflict-affected countries, particularly in West Africa, South Asia and Latin America. This growing body of experience has been used as a basis for developing global standards in this area. Working with 14 other United Nations agencies, UNICEF is leading the preparation of an approach on children and disarmament, demobilization and reintegration as part of the United Nations Integrated Disarmament, Demobilization and Reintegration System. ILO is also coordinating programmes for the economic reintegration of girls, boys and young people affected by war. Those efforts aim to increase coherence of United Nations activities in peacekeeping settings and to ensure that child protection concerns are well understood by peacekeepers. Training for humanitarian personnel and peacekeepers on child protection and the special needs of children and women has been conducted in a number of countries in collaboration with United Nations country teams.

49. The commitment by the international community to prevent and eliminate child labour has resulted in a substantial reduction of the phenomenon during the last four years. The new global estimates on child labour released by ILO in 2006 show a marked decline of 11 per cent in child labour worldwide between 2000 and

2004, a decrease from 246 to 218 million children. The decline was much greater for those engaged in hazardous work, by 26 per cent for the 5-17 year age group and 33 per cent for the 5-14 year age group. The report does not provide any new estimates on the unconditionally worst forms of child labour. However, conflict and economic crisis are noted to have impacted negatively on the situation of children.

50. Many Governments have taken major steps to address child domestic labour as part of national plans of action, particularly by including it on the lists of hazardous child labour upon ratification of the ILO Convention No. 182.

51. Despite those efforts, international experience in child protection remains weak compared with the other goals of "A world fit for children". Many key actors are also faced with relatively limited funding, human resource levels and capacity. The lack of a national vision for and holistic approach to child protection also continues to severely hamper effective action in many contexts. Child protection is still often approached only as an issue of welfare rather than one of both human rights and development.

D. Combating HIV/AIDS

52. The international response to HIV/AIDS has been most evident in funding mechanisms and initiatives such as the Global Fund to fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief and the World Bank Multi-Country AIDS Programme for Africa. The United Nations Joint Programme on HIV/AIDS (UNAIDS) has now expanded to 10 co-sponsors. The combined efforts of all those partners have contributed to and supported more determined national political leadership on HIV/AIDS. However, despite those positive trends, the enormous challenge of winning the fight against HIV/AIDS remains.

53. In the past 25 years, AIDS has become the leading cause of premature death among adults in sub-Saharan Africa and the fourth largest killer worldwide. More than 20 million people around the world have died of AIDS-related causes since the epidemic began. By the end of 2005, an estimated 40.3 million people were living with HIV. Nearly two thirds of them live in sub-Saharan Africa, where the prevalence rate among adults has reached 7.2 per cent. In sub-Saharan Africa, 57 per cent of those infected with HIV are female. AIDS is not only a cause of extreme human suffering. It also debilitates the basic services on which all development goals rely, exacerbates gender inequalities and undercuts the national workforce.

54. There are some 2 million new infections among 15-24 year age group each year. A child under 15 dies of an AIDS-related illness every minute and there are almost 1,800 new paediatric infections per day. Globally, 15 million children have lost at least one parent to HIV/AIDS, and by 2010, approximately 18 million children in sub-Saharan Africa alone will have lost at least one parent. Millions of children live with sick and dying parents, relatives and siblings and are further affected as health workers and teachers fall ill and die.

55. Member States and the international community have worked to ensure that young people have access to information, life skills-based education and services to reduce their vulnerability to and risk of HIV infection. With the advent of greater

access to antiretroviral treatment, however, less overall attention and funding have been given to prevention. This imbalance needs to be corrected.

56. The prevention of mother-to-child transmission of HIV is a proven and feasible action to fight the epidemic. However, it is only in the past three years that Governments have significantly increased their commitment. To date, over 100 countries have established prevention of mother-to-child transmission of HIV programmes and 16 have achieved national coverage. In the most affected countries, the knowledge of women about the risk of transmission has significantly improved. In 46 countries surveyed in 2001 and 2003, the number of women being offered prevention of mother-to-child transmission of HIV services more than doubled to 5.5 million. Progress has been significant but remains far from the 2005 target set by the twenty-sixth special session of the General Assembly on AIDS.

57. Furthermore, many countries are still in the early stages of scaling up the provision of paediatric HIV care, support and treatment and have few sites able to provide services.

58. Protecting children orphaned or made vulnerable by HIV/AIDS also remains a challenge. UNICEF has led an inter-agency technical task team on advocacy, planning and support to programme implementation for children affected by HIV/AIDS in Africa, Latin America, Central and Eastern Europe and the Commonwealth of Independent States and, more recently, in Asia. Several countries are implementing innovative strategies to respond to the crisis, including community approaches to keeping children in school, abolition of school fees and promotion of early learning and school feeding.

59. In addition, orphans and vulnerable children are more likely to be involved in the worst forms of child labour, as is indicated in the working papers on AIDS and child labour of the ILO In Focus Programme on Child Labour, based on the collection of good practices and lessons learned in several African countries from 2001-2004 (Zambia, Zimbabwe, South Africa, United Republic of Tanzania, Uganda, Cameroon, Kenya and Malawi). The vulnerability of HIV/AIDS-affected children to child labour and its worst forms has led ILO, in consultation with several United Nations agencies (including UNAIDS and UNICEF), to establish a pilot programme on HIV/AIDS and child labour in Uganda and Zambia.

60. Overall there is now a distinct move from global level advocacy to strong support for country level implementation of comprehensive nationally led programmes. This change has been driven by the “three ones” principle, the recommendations of the Global Task Team on Improving AIDS Coordination, the United Nations reform process and consultations on achieving universal access to prevention, care and treatment. The changes call for new ways of working that avoid duplication, generate synergy, achieve consistency of approach among partners and focus more sharply on results.

IV. Ways forward

61. The Committee on the Rights of the Child is playing a positive role in encouraging Governments to pursue the commitments they made at the 2002 special session on children. Its recommendations should take into consideration the experience to date with national plans of action, and the current trend in many

regions towards increased mainstreaming of children's issues into other planning processes. Although the national plans of action remain important in some countries, the mainstreaming of the goals of the special session in national development plans and poverty reduction strategy papers is an increasing trend.

62. Countries are continuing to strengthen their capacity to monitor the situation of children, the implementation of the Convention on the Rights of the Child and the achievement of the goals of the special session and other child-related goals through the upgrading of their data collection and monitoring tools and systems and the establishment of independent watchdog organizations. As child-related goals become mainstreamed, independent watchdog organizations will become even more important in ensuring that children's rights do not become overshadowed by other national priorities.

63. The goals of the special session are benefiting from the widespread support among Governments and international agencies for the goals adopted as part of the Millennium agenda, since the two are mutually enhancing. However, the lack of inclusion of child protection targets in the Millennium Development Goals continues to pose the challenge of ensuring that this priority area is appropriately considered in macrolevel plans, including in poverty reduction strategies. The plans should take account of the ways in which the protection of children affects the fulfilment of human rights and how an insufficient focus on addressing such problems as child trafficking, child labour and violence against children is likely to significantly hinder progress in national development.

64. Much work remains to be done in order to ensure adequate and sustained national budget allocations for children, supplemented by external cooperation where needed. Countries with poverty reduction strategies and national development plans generally have well elaborated budgets. Those instruments should provide an important means for directing resources to programmes that benefit children. Countries with national plans of action for children should ensure closer links with national budgets.

65. In many countries, the effective implementation of programmes for children will continue to be a challenge owing to weaknesses of institutional capacity in addition to budgetary constraints and, in a number of cases, conflict and instability. Among the possible ways forward are the establishment of high-level national councils for children, capacity-building of national children's agencies and collaboration with parliamentarians and civil society organizations in the promotion of child-focused budgets. Some of the most notable successes have been at the subnational and municipal levels. The strengthening of local government agencies can assist in the development, implementation and monitoring of child-centred programmes and can lead to greater integration and relevance of efforts as well as to local mobilization. Member States should also expedite actions towards the elimination of the worst forms of child labour by 2016.

66. The more inclusive processes that have been used in the initial follow-up to the special session on children have resulted in a greater sense of ownership by civil society organizations and in the expectation that they will continue to be involved in subsequent phases. High priority should be given to developing mechanisms for facilitating the ongoing involvement of civil society — including children and young people — as a key part of the effort to mobilize society's resources to fulfil the rights of children.

67. At the international level, the Committee on the Rights of the Child has the potential to promote a closer linkage between follow-up on the special session goals, the Millennium Development Goals and periodic reports by States parties to the Convention on the Rights of the Child. Use should be made of the Committee's concluding observations on State party reports to maintain government and public mobilization with respect to the goals for children. The United Nations system should continue to assist Member States in their follow-up to the observations where required. New funds, alliances and partnerships should expand their efforts in furthering the Declaration and Plan of Action of the special session on children.

68. The year 2007 will mark the mid-decade point of the special session on children. In accordance with resolution 58/282, the General Assembly will review the follow-up to the special session on children in a commemorative plenary session. The review of the special session should aim to (a) take stock of actions taken for children by Member States, civil society and other partners; (b) analyse and draw attention to challenges in achievement by Member States of the goals of "A world fit for children" as well as related Millennium Development Goals and targets; (c) mobilize partners to accelerate progress towards the goals; and (d) provide a global assessment of whether Member States and the international community are on track to achieve the goals of "A world fit for children", drawing on the most recent available information.

69. The mid-decade review process at various levels will be aimed at further mobilizing not only the commitment to but also the support and resources for achieving sustained results for children. Participatory reviews of progress at the country level by Member States will provide further impetus towards the achievement of the goals.

70. The United Nations system remains committed to providing support to national and regional initiatives where required. UNICEF will continue to work closely with Governments and with other United Nations and international partners, including for the collection and dissemination of information on progress and experience gained in the implementation of the Declaration and Plan of Action entitled "A world fit for children".