

A WORLD FIT FOR CHILDREN: Are the World's Leaders Being Passed on the Fast Lane?

As this special issue of *Health and Human Rights* was about to go to press, the tragic circumstances surrounding the destruction of the World Trade Center and the U.S. Pentagon unfolded around us, and nothing will ever be the same. The United Nations General Assembly Special Session, with its focus on children, was the catalyst for this issue. The Special Session was suspended, and will be reconvened in 2002. We decided, nonetheless, in the spirit of trying to move toward normal business, not to wait until 2002 to present this special issue, and to dedicate it to the memories of all those both in and outside the United States who have lost their lives as this tragedy unfolds around us.

A number of important events in the 1990s have resulted in a dramatic increase in the integration of human rights into policy and programmatic responses to health issues affecting children at global, national, and community levels. The ratification of the Convention on the Rights of the Child by all countries of the world except the United States and the collapsed state of Somalia within the decade, and the announcement by the UN Secretary-General in 1997 that human rights should be at the core of all major activities of the United Nations system were certainly relevant. Most critical, however, may have been the increase in attention paid to human rights in the spate of United Nations-sponsored conferences in the 1990s. The Programs of Action that emerged from these conferences provided governments and their partners with an increasingly solid framework for

integrating human rights into their policy and programmatic efforts. Though not legally binding, the fact that these documents represent political commitments has often meant that they serve as the ultimate framework to guide national and international initiatives. Their importance over time stems from the fact that they can form the justification for resource allocation and priority setting, and that they set out specific targets of achievement on which governments are expected to report publicly.

In this respect, it is interesting to note that the outcome document for the 1990 World Summit for Children, which was the first in the series of relevant United Nations-sponsored conferences on health and development issues, did not pay even rhetorical attention to human rights, but instead took a needs-based approach to the health and development of children. The Summit meeting itself, however, was organized to provide governments with the opportunity to both commit to the World Summit for Children goals and targets, and to ratify the Convention on the Rights of the Child, which had been opened for signature in 1989. The processes were parallel but nonetheless distinct, and this approach has had implications for the efforts to operationalize the Summit goals.

Within the past decade, as discussions began concerning the convening of the current Special Session on children, it seemed clear that rights should and would now be linked with health and development goals for children, and therefore, that the Special Session would by necessity take rights as its framework and foundation. This was the case because, since the 1993 World Conference on Human Rights, human rights have been firmly and increasingly integrated into the outcome documents of the global conferences, and because the Convention on the Rights of the Child has achieved a special status in terms of governmental acceptance and the work of the UN Specialized Agencies. It was hoped that blending the specificity of the Summit document with the legal obligations imposed through the Convention on the Rights of the Child could provide a useful operational framework grounded in the responsibility and accountability of governments and the international community.

In preparation for the Special Session, 165 countries prepared national reviews in which they assessed their own progress on behalf of children. These reviews were then fed into six regional conferences that helped shape the agenda for the Special Session. Countries were hearteningly self-critical, and openly discussed local priorities and opportunities for concerted action. Written declarations were put out for discussion; the UN Secretary-General published a report entitled *We the Children*, and through three preparatory sessions, the agenda and a draft Declaration and Plan of Action (tentatively titled *A World Fit for Children*) were established. While rights played a central role in the initial texts, they have decidedly taken a back seat in the final draft, which was set to be debated in September.

At this point in time, all actors feel the need to acknowledge, at least rhetorically, the importance of human rights. On the positive side, this is true in a way that was not even imaginable a decade ago. However, the argument seems increasingly to be that, while human rights are important, the serious business of dealing with health matters should not be complicated by bringing human rights too centrally into the equation. The justifiable concern that the operational implications of what is called a “rights-based approach” has not been sufficiently defined, as well as the fact that sufficient evidence does not yet exist for the utility of a rights-based approach for improving health outcomes, should not be minimized. Yet, rather than using this global forum to achieve both a common definition and agree upon measurable outcomes to demonstrate the utility of a rights-based approach, the current consensus seems to be to provide rhetorical support for human rights but to drop any mention of human rights as a framework in relation to the majority of policy and programmatic commitments to improve health.

While a number of factors have contributed to this recent shift away from rights in relation to health and development issues, particular attention must be paid to the changes within the U.S. political landscape as they have had a major influence on the increasing unwillingness of governments to operationally contend with the centrality of

human rights in dealing with health issues. It is worth noting the impact of the Bush Administration's push to remove references to human rights and to rights-based approaches here, and in the negotiations related to the Special Session on HIV/AIDS, which has cast a silence and unwillingness on the part of many governments, and within the UN system, to fight for their inclusion. The U.S. position has been explained as resulting primarily from a fear that acknowledging a rights-based approach would contribute to the enforceability of economic, social and cultural rights within U.S. courts. While the logic of this position from a legal standpoint is unclear, this reluctance must also be seen in light of other actions taken by the U.S. government in international fora. Most notable has been the objection to the use of the term "reproductive health" in the negotiations leading up to the Special Session, a term that has been used comfortably in conference after conference over the past decade. U. S. Representative Carolyn Maloney (D-NY) has stated that by claiming that reproductive health is a code word for abortion, abortion services, and counselling, the U.S. is exporting its internal debates over abortion into its foreign policy. It can be argued that this is also true with regard to the centrality of rights-based approaches to health and development issues, all of which may have potentially devastating consequences for the health and development of children everywhere.

The fact that a "rights-based approach" seems to have been pushed away from the center of debate raises a number of questions for people interested in improving child health. It may well be that unless efforts are made to ensure the use of the language in every forum, and to highlight concrete examples of work happening now, global support for the integration of rights into child health and development issues may disappear. It may be necessary to deliberately capitalize on the diversity of meanings that "a rights-based approach" has taken in different places, or it may mean intensifying efforts to reach a consensus. This journal would like to propose as a starting point acknowledgment in the final document that "a rights-based approach" means a focus on nondiscrimination, equality, and partici-

pation within a framework of transparency and accountability. This would mean that every sectoral human development policy or program be reviewed or developed with consideration of its development goals along with these fundamental principles of a rights-based approach. In operational terms, within the health sector, this would include explicit attention to ensure that health data is disaggregated in order to identify and better target discrimination as it would be manifested in laws, policies, and practices, and would focus attention on policy and programmatic responses to inequalities within a population. Likewise, by recognizing children as rights holders, and not relegating them to the status of objects of charity or protection, and with due recognition of their evolving capacities, children should be provided with the mechanisms to participate in the processes and decisions that concern them and affect their lives.

As the collection of articles in this special issue shows, the role of human rights in addressing and responding to child health issues has never been stronger. National-level efforts aimed at drawing attention to rights and health issues are taking place in countries around the world. Examples from Latin America, the United States, Southeast Asia, and Africa of efforts to explore the conceptual and practical implications of integrating rights and health concerns for children are presented here. As Singh and Kapur show us, recognizing the links between rights and health allows an analysis of the legal framework for protecting the health of children. They use this analysis in relation to India and find its protections for the health of girl children improving, but nonetheless tenuous. They argue that legal change is critical to improving the health of all children. Kasper and Wise use the Convention on the Rights of the Child to analyze the impact of social policies in the United States on the health and well-being of children in immigrant families. Their approach illustrates the impact that attention to rights can have for both analysis and intervention, even if a country is not yet legally accountable for the rights contained in the relevant human rights treaty. Raguz considers the rights and health of adolescents, with particular attention to Peru, and highlights the ways in which legal

change alone is insufficient to improve health. In pointing to international commitments and to legal and policy directives, she draws attention to numerous barriers to implementation including social mores and attitudes. Parker and Bachman look to the tools and methods of human rights to frame their consideration of child labor, health and safety, and begin to consider the sorts of public health interventions which could help to reduce the causes and the consequences of child labor. They point in particular to the need for policies and programs to recognize the impact that neglect or violation of rights can have on child health and safety in the short term, as well as the ways in which this neglect can contribute to a broader deterioration of public health. Also necessary to improving the health of children is their own understanding of their rights in relation to health and of the services and structures available to support them. We therefore profile the work of Soul Buddyz in South Africa, an innovative national-level approach to educating children and young people about their rights and encouraging their participation in health and development decisions. This model is one that has met with tremendous success and one that we hope could be replicated and implemented in a number of settings.

A range of agencies and arms of the United Nations system are recognizing the links between child rights and child health, and two prime examples are represented in this special issue. The World Health Organization has increasingly recognized the value of human rights for its child health and development work, and the commentary by Türmen, Troedsson, and Stahlhöfer provides us with the approach and activities of the Child and Adolescent Health Department to bring these themes together. In parallel, yet starting from the human rights side of the equation, the UN Committee on the Rights of the Child, the body responsible for monitoring implementation of the Convention on the Rights of the Child, is also increasingly bringing child health issues into its work with governments. Their work is highlighted here in the excellent summary presented by the current Chair of the Committee, Jaap Doek. Doebbler provides us with an analysis of the explorations of the World

Bank to improve the health and rights of children around the world. While he finds their work in this regard insufficient, he nonetheless draws attention to the enormous efforts that have been made recently by the Bank and provides a challenge for future improvements. UNICEF declined to contribute to this special issue. UNICEF, under both Jim Grant and Carol Bellamy, upheld the integral value of the Convention on the Rights of the Child and reoriented its programmatic work to fit within this framework. However, in a number of ways the organization appears to be wavering in its commitment to rights, at least at headquarters level. While UNICEF was the first of the UN Specialized Agencies to explicitly make human rights not only a rhetorical exercise, but a focus of its policy and programmatic work, it is disappointing to witness its apparent retreat from human rights.

This special issue of the journal attempts to bring together solid evidence of where human rights are making a difference to policy and programmatic efforts to improve child health and presents suggestions regarding where work is needed in the coming years. We include a copy of the Convention on the Rights of the Child to encourage readers to use this document in their own work. The voices of legal advocates, public health practitioners, international civil servants, NGOS, and academics are united here, all sharing a common belief that the links between rights and health are necessary for improving the health of children now and in the years to come.

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