



But the Children Cannot Wait

What governments must do *this year* to fulfil the promises made to children in the Millennium Declaration and Goals

June 2005

Introduction

"We will spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty. Eradicate extreme poverty and hunger. Achieve universal primary education. Reduce child mortality by two-thirds. Reverse the spread of HIV/AIDS, TB and Malaria. And develop a global partnership for development."

UN Millennium Declaration and Goals

A Tsunami of poverty sweeps the globe. Millions of children are affected. At last world leaders are to come together to discuss the rescue operation. They ask the UN to set out a plan of action. They agree to meet at the most senior level. But they warn that expectations should not be raised too high and that change will take some time.

The children cannot wait. For every 3 seconds that action is delayed, another child will die of easily preventable causes; every day that passes 100 million of the poorest children will miss another day at primary school; and every night that the diplomats adjourn for another dinner on expenses, 300 million children go to bed hungry for yet another night.

Three key meetings take place this year which provide an opportunity to lift millions of children out of poverty - saving lives as well as changing them. At the G8 Meeting in July, at the UN "Millennium+5" Meeting in September, and at the World Trade Organisation meeting in December world leaders will decide whether and how to keep the promises they made to children in the Millennium Declaration and the UN Convention on the Rights of the Child.

This briefing sets out some of the key decisions that governments must make this year if they really want to make child poverty history including:

1. Drop all fees and charges for children's education and basic health services, financed by increased domestic and donor resources for health. Include children in national and international HIV/AIDS treatment targets.
2. Meet the UN recommendation to spend at least 20 per cent of public budgets on basic social services, and be transparent about how this has benefited children.
3. Institutionalise, through legislation if necessary, the participation of children and young people in the making and implementation of policies that will affect them, including poverty reduction strategies.
4. Cancel 100 per cent of the bilateral and multilateral debt of the poorest countries where relief is needed to enable them to give their children access to schooling, health care and new hope.
5. Provide at least \$50 billion in aid immediately (in addition to existing aid budgets) to help the most disadvantaged children and

accelerate progress towards the MDGs. Set binding timetables in 2005 to ensure that the 0.7 per cent of GDP target is met in all donor countries by 2010.

6. Actively engage in building basic services for children in fragile states and conflict-affected countries.
7. Agree and implement a trading system that makes trade part of the solution to overcoming child poverty, not part of the problem. No child should have to work and abandon their education, for example, because rich country subsidies leave the world's poorest farm families on the edge of survival. No child should die or be orphaned because trade rules make life-saving medicine unaffordable.

If the promises made in the Millennium Declaration and Goals are to be met, action must be taken now - not in 2015.

The **Global Movement for Children** is part of an alliance called the Global Call to Action Against Poverty that has come together to ensure that world leaders keep their promises, and make a breakthrough against poverty in 2005. World leaders have no excuse for not taking action. The children cannot wait.

Broken Promises: The Millennium Declaration and Goals, and the cost of inaction

At the Millennium Summit, in September 2000, Heads of State and Government representing all 191 United Nations member states adopted the Millennium Declaration, in which they recognized their collective responsibility to uphold the principles of human dignity, equality and equity and 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."

The UN General Assembly also adopted the Millennium Development Goals (MDGs) as part of the road map for implementing the Millennium Declaration. Six of the eight MDGs and the Declaration itself are directly related to rights and well-being of children. For goal 3 - gender equality - one of the agreed measures was to eliminate gender disparity in basic education by 2005 - a promise made to children that has already been broken.

Meeting the Millennium Development Goals (MDGs) is not the last step in ending poverty but a crucial first step. However, at current rates of progress, even these intermediate targets are unlikely to be met.

Key findings of The UN Millennium Project and UNICEF are:

- At present rates of progress deep pockets of poverty will remain in 2015, trapping millions of children within them. In sub-Saharan Africa in particular, both the proportion and absolute number of children and adults in extreme income poverty have been rising sharply.
- Sub-Saharan Africa, on current trends, will not even meet the goal of education for all children within a century of the target date.
- Gender inequalities between girls and boys continue to be pervasive. Gender parity in primary and secondary education by 2005 will be the first of the MDG targets to be missed. Despite significant progress towards gender parity in primary schools, shortfalls are still likely in about 33% of developing countries at the primary level and over 40 per cent of countries at the secondary level.
- Lack of progress in reducing child mortality is one of the most serious areas of concern. Child mortality is falling far too slowly

in most regions, with only 53 developing countries on track to meet the goal, and 30 countries having either a stagnant, or an increasing rate. Every day, 29,000 under-fives die from largely preventable diseases.

- Over half a million women die from complications of pregnancy and childbirth each year, and 15 million suffer injuries, infections and disabilities in pregnancy or childbirth. Only 17% of countries, accounting for just 32% of the developing world's population are on track to reduce by three quarters the maternal mortality ratio.
- Virtually the entire child population of the developing world remains vulnerable to pandemic diseases, especially HIV/AIDS, malaria, and TB. HIV prevalence is rising in many countries. Over 2 million children under 15 are infected with HIV and based on current trends, the number of children orphaned by AIDS in sub-Saharan Africa will exceed 18 million by 2010. Malaria kills a child somewhere in the world every 30 seconds and accounts for about one in five of all childhood deaths in Africa.
- In terms of resources to educate and care for their children, developing countries lose more in blocked access to rich country markets than they gain from ODA.
- It is estimated that poor countries need more than \$100 billion a year in ODA to achieve the MDGs across the board and give their children a better future. Since the Millennium Summit, ODA has grown from just over \$50 billion a year to \$68 billion in 2003, a substantial increase, but still falling short of estimated needs and representing barely a quarter of one percent of donor countries' overall annual income.
- Under the HIPC initiative, 38 "heavily indebted poor countries" are eligible for debt relief to allow them to concentrate their resources on services for children and the poor. But difficulties in meeting the scheme's requirements have slowed the process: debt cancellation is urgently needed.

Children will pay the price for these failures. If the world fails to act:

- 45 million more children will die between now and 2015
- 97 million more children will still be out of school in 2015¹

¹ Calculation made by Oxfam for the Global Movement for Children.

Putting it right: What world leaders have to do

Most crucially and most urgently for 2005, world leaders must address the need for properly funded systems of healthcare, education, water and sanitation, and other basic services without which children cannot flourish to their full potential, or often even survive.

Fact: If large numbers of children are not to be orphaned by the HIV/AIDS crisis, treatment needs to be available for their parents as soon as possible, and millions of children themselves need treatment & paediatric care.

Fact: If all children are to complete primary school in 2015, millions more need to be in classes within the next five years.

Fact: If gaps between girls and boys at all levels of education are to be eradicated by 2015, then millions of girls need to be starting school this year.

At current levels of global investment in services for children, none of this is possible. As former World Bank President James Wolfensohn recently acknowledged: "Sadly, the international community has not yet been able to mobilize the money. We are letting the children down on the promises made, in 1990 in Jomtien, in Dakar in 2000, and again in Monterrey in 2002... We are simply not keeping our promise."

In addition to investing in children, leaders need to respect and listen to children, involving them in devising solutions to their own problems, both because it is their right to participate in decisions that affect them and because by involving children we can together develop more effective solutions - better schools, better healthcare, and better HIV prevention.

Fulfilling these promises is affordable but it is not free, and will require a step change in the quantity and quality of investment in children by both developing and donor governments and multilateral institutions. This paper sets out 7 measures that leaders must take this year if the promises that they themselves made to children are to be fulfilled.

1. Drop all fees and charges for children's education and health care, financed by increased domestic and donor resources for education. Include children in national and international HIV/AIDS treatment targets.

“These days, if you are without money, they leave you to die. If my children are ill, and I have money from selling sisal and firewood, I take them to the nearest town. If there's no money, I use herbs ... if God takes them, we have done our best.”

Amekwi Lokana, mother of six, Kenya, 2002

Millions of children are missing out on school and health care because they can't afford to pay for these basic rights promised to them by governments in the UN Convention on the Rights of the Child. User fees to enter schools or clinics are a major obstacle to giving children access to basic services that can save their lives and expand their potential as individuals and active citizens. In Tanzania, for example, user fees at health centres range from 200-500 Tanzanian shillings a visit - more if operations or hospital care is needed. Yet the disposable income of a poor rural family is only 1600 Tsh a month.

Even small charges can force catastrophic financial trade-offs: the money often comes from the household food budget, or girls are taken out of school, or people sell their possessions or go into debt. When a price is put on access to schooling or health care, it is usually girls who pay.

By 1995, 28 out of 37 countries in Africa had introduced fees for basic health care. But infant mortality rose in Africa throughout the 1990s, while it was declining in Asia, Latin America, and the Middle East. The brunt of health-user fees is borne by the poorest children in terms of high rates of mortality and disease, with millions unable to pay for even basic medical consultations. In Ethiopia, where user fees have been in force for 50 years, the average poor person visits the doctor once every four years, and 80 per cent of households have at least one chronically sick person.

Cost recovery does not make financial sense either, typically contributing less than 5 per cent to public health resources. As Uganda's success in abolishing user fees for health care shows, the measure can help a country to take great strides towards meeting the Millennium Goals.

Removing the obstacles: accessing health care in Uganda

In 2000, the Ugandan government abolished user fees for primary health care, giving poor people, including children and their mothers, access to clinics. The result: health units reported an increase of between 50 and 100 per cent in attendance almost overnight. Immunisation rates more than doubled. More than 50 per cent of the benefits went to children and adults in the poorest fifth of the population. And the policy has catalysed further reforms, including a doubling of the health budget, faster budget releases, and higher pay for health workers.

This policy is succeeding because it has clear government commitment, the backing of long term donor finance, and the participation of Uganda's vibrant civil society. The Ugandan Participatory Poverty Assessment (a joint study by government and civil society, showing the damage done by clinic charges to poor people's health) had turned user fees into an election issue in 2000 – and the government then fulfilled its election pledge.

Abolishing education charges can be a matter of life and death in countries hit by HIV/AIDS.

Eliminating fees for schooling is an especially powerful tool for reaching girls. Before the Ugandan government introduced its policy of free and universal primary education in 1996, girls, especially poor girls, were much less likely to go to school than boys. After dropping fees, Uganda was able to close the poverty gap in primary education and has now almost closed the gender gap. Abolishing education charges can be a matter of life and death in countries hit by HIV/AIDS since, as UNAIDS points out, staying in school offers HIV/AIDS orphans the best chance of escaping extreme poverty and keeping themselves safe from infection. Head teachers in Lesotho credit free education with bringing thousands of AIDS orphans back into the classroom.

Free education also helps to entrench popular demand for schooling and health care as a right, and puts positive pressure on both local and national governments to deliver.

Free education also helps to entrench popular demand for schooling and health care as a right, and puts positive pressure on both local and national governments to deliver. In India, a constitutional amendment guaranteeing free basic education has helped dalit ('untouchable') families to challenge decades of discrimination.

If free education and health care is going to be successful, substantial investment is needed by governments and donors alike to enable these systems to cope with the expanding demand and ensure that quality does not suffer. Kenya estimates the increased costs of its free education policy to be \$138m per year but the benefits are enormous.

School doors open in Kenya when fees are abolished

When Kenya abolished fees, families who previously couldn't afford the \$133 for tuition or the \$27 for a school uniform began sending their children to school. Since January 2003, more than 1.3 million children have entered school for the first time under Kenya's free primary education policy. This has pushed national enrolment up from 5.9 million to 7.2 million. In Tanzania, net primary enrolment increased from 57 per cent to 85 per cent within a year after fees were lifted. Similar gains have been experienced in Uganda, Zambia, Malawi, Mauritania, Benin, and India after these countries removed some or all of the direct costs of schooling.

Supporting free primary education and health care effectively means that donors have to make a long-term commitment to contribute directly and generously to core system costs, through sector-wide programmes or budget support. They have to be willing to shift resources from small-scale, donor led projects into major needs identified in the government's sector plan — such as hiring more teachers, building more schools, and financing block grants to schools to make up for lost revenue from fees. And finally, they need to provide deeper debt cancellation and put a stop to rigid macroeconomic conditionalities that put too tight a rein on social sector investment. In Zambia, for example, the IMF advised caps on the public sector wage bill made it impossible to hire thousands of teachers desperately needed to cope with increases in enrolment after fees were lifted in 2002.

The Convention on the Rights of the Child recognises the right of children to the highest standards of health and access to health services. But the reality for children living with AIDS is very different. Only one out of 100 children living with AIDS receives treatment².

There are three main reasons for this: (a) Medicines to treat children are often not available. When medicines are available, they may cost up to six times more than medicines for adults; (b) Treatment of AIDS in children requires well functioning health centres and hospitals, with sufficient numbers of doctors and nurses, a well stocked pharmacy, a functioning laboratory, and a clean and healthy environment. All this has to be available close enough to where these children live, and it has to be affordable to even the poorest among them. Existing health services in the poor countries of Africa, Asia, and Latin America are not able to deliver good medical care for children living with HIV, even if they had all the medicines; and (c) national and international targets do not count children living with AIDS.

² Source: WHO

Only one out of 100 children living with AIDS receives treatment. This is because of the lack of access to affordable anti retroviral medicines adapted to children; the lack of health services accessible to children; and child are simply not included in international treatment targets.

We demand governments to set targets to ensure that children, who make up 15% of HIV infections, are included in national and international initiatives to scale up access to HIV care and treatment. These targets must also measure of their implementation must be gender disaggregated to ensure that boys and girls have equal access to treatment. We demand support for universal access to HIV care and treatment by 2010 to prolong the lives of all - children, parents and care-givers.

HIV positive children are receiving inadequate treatment, because pharmaceutical companies have no lucrative market for paediatric medicines and diagnostics. Pharmaceutical companies are not investing in vital research and development. We demand governments invest in research and development of paediatric ARV formulations, treatment practices, including paediatric fixed-dose combinations, and affordable diagnostics for young children.

Governments of developing countries, as well as donors, have to play a central role in delivering development and guaranteeing children's rights. It is their responsibility to provide basic services for children and ensure decent livelihoods for families living in poverty; to manage aid and public money equitably and effectively; and to be responsive and accountable to their citizens.

As experience in Uganda shows, aid works best when it is channelled through national budgets focused on clear poverty-reduction goals and formulated with the involvement of civil society. Delivering services to children and poor people cannot be left solely to the private sector or NGOs. Only the public sector has the means and incentive to do this equitably and sustainably, and on a national basis.

Donors too must play their part – which includes supporting Southern government institutions as much as possible. Both governments and donors should act to foster a strong and critical civil society, including children and young people, to keep an effective check on corruption and the nature of public spending.

2. Meet the UN recommendation to spend at least 20 per cent of public budgets on basic social services, and be transparent about how this has benefited children.

There is no more effective investment any country can make in its economic future than investing in the health, well-being and capacity of its children - fulfilling the basic rights of children is not only a moral obligation but a practical necessity. Allocating at least 20% of the budget to basic social services is an essential foundation in any effective strategy to tackle child poverty and fulfil the commitments made in the Millennium Declaration and Goals.

Many governments are now beginning to direct a higher proportion of public spending to basic social services. A World Bank review of PRSPs in 14 countries shows an increase in poverty-reducing expenditure of around 1.4 per cent of GDP over three years – comparable to a doubling of the health or education budget in most countries. And the share of poverty-reducing expenditure is set to rise rapidly in Africa, by two to five per cent of GDP across the continent.

But there is plenty of room for improvement. Recent increases are still not great enough to offset the effects of harsh spending cuts during the era of structural adjustment. The United Nations' 20/20 Initiative recommends developing-country governments to allocate at least 20 per cent of their public budget to basic social services – and recommends donors to do the same with their aid budgets. But most governments spend only around 13 per cent on such services, and spending on health care and water supplies is particularly weak. Seven developing countries - Oman, Syria, Burma, Sudan, Pakistan, Eritrea and Burundi - manage to spend more on the military than on health and education *combined*. In January 2004, the Indian government announced the purchase of a Russian-made aircraft carrier as part of a package worth around US\$1.5bn - the largest single defence deal that India has entered into with any country since independence. The cost of the carrier and the aircraft is equal to that required to provide one year of antiretroviral AIDS drugs for 10 million AIDS patients.

Recent increases are still not great enough to offset the effects of harsh spending cuts during the era of structural adjustment.

3. Institutionalise, through legislation if necessary, the participation of children and young people in the making and implementation of policies that will affect them, including poverty reduction strategies.

The involvement of those most directly affected by poverty is key to eradicating it. The importance of participation is not, of course, limited to the participation of adults. Children too, have a key role to play. The UN Convention on the Rights of the Child sets out the right of children and young people to express their views on decisions that affect them. Children and young people are an important group within civil society affected by poverty, and have unique contributions to make in the development of effective anti-poverty strategies.

Children and young people's involvement in Poverty Reduction Strategy Papers [PRSPs], for example, can include: *contributing to policy dialogue* (doing research, providing information, expressing views, lobbying on the content), *contributing to implementation* (involvement in community-level implementation projects) and *monitoring and evaluation* (assessing whether budgets are getting through to local level, evaluating achievements). They can participate at *various levels*: in small-scale local community forums, by representation at district or regional initiatives, and at national-level consultations or representation at meetings. This means also helping them debate and organise, and participate as partners in development. Children are part of the solution: they are the most efficient peer educators on HIV/AIDS, for example, they offer useful advice to schools and to politicians on meeting better their needs, and they often provide insights that others don't automatically provide.

Civil society participation in PRSPs is still in its early stages even for adults, and groups in many countries are still pushing to overcome the resistance of decision-makers and enforce their right to be involved. For marginalised children and young people, the struggle is even greater. Not only do they have to convince decision-makers of the relevance of their views, they may also have to raise awareness within civil society of the worth of their contributions.

In Vietnam, Save the Children organised three large-scale consultations in Ho Chi Minh City involving over 400 children and young people contributing to national poverty planning or monitoring. The consultations spanned the full PRSP cycle: from pre-PRSP development planning, to getting feedback on the interim and draft PRSP, to a review of progress in implementing the country's first

Children and young people's views contributed to more joined-up policy-making, with child labour policies linked to poverty reduction strategies.

PRSP. Children and young people in Vietnam highlighted the plight of the growing number of migrant families in the capital who are not registered by the authorities and who have major problems accessing healthcare, education and social welfare services. Their information helped change procedures to allow unregistered migrants access to services more quickly. This was a major step forward in a city where up to a third of the population of some wards are 'hidden' unregistered migrants. The consultations also resulted in two local government initiatives to involve children and young people in official processes. In Honduras, Save the Children facilitated, together with its local partner organisations, five consultations with children and young people that have shaped Save the Children's advocacy on Honduras's PRSP. In the largest of the consultations, involving 3,000 children across the country, children and young people's experiences and viewpoints on child labour were sought. The results convinced government officials to prioritise child poverty in the PRSP and include targets within it on reducing child labour. A commitment was also secured to use funds released by fulfilment of the PRSP to fund education initiatives for child workers. Children and young people's views contributed to more joined-up policy-making, with child labour policies linked to poverty reduction strategies.

In both these countries, children and young people have highlighted the social impact of poverty – on family conflict, break-up, violence, drug abuse and the growth of gang culture. They have sounded important warning bells about the long-term impact of poverty, and the negative way it will shape communities around the world if it is not addressed urgently. Children and young people's participation has also highlighted the price children pay for poverty in terms of the damage to their psychological health and outlook for the future. Signalling these problems and building an understanding of them is an important step in achieving social change.

Participation is a critical success factor - a sine qua non - for effective poverty alleviation policies. Children must be given the space and power to negotiate with other actors and support to organise themselves where necessary. The African Movement of Working Children and Youth is an inspiring example of the responsible but determined role that child- and youth-led organisations can play in improving children's own lives and increasing the accountability of governments. It is the responsibility of all governments to make the investments necessary to tackle poverty; and the right of all people - including children - to help shape how actions to be carried out in their name are designed and implemented in order to ensure that they are effective and reflect real needs.

4. Cancel 100 per cent of the bilateral and multilateral debt of the poorest countries where relief is needed to enable them to give their children access to schooling, health care and new hope.

Some of the poorest countries in the world still pay out more to their creditors than they spend on essential public services for children and adults. Despite eight years of the Highly Indebted Poor Countries (HIPC) initiative – set up to deal comprehensively with the debt burden of 42 highly indebted nations – only 40 per cent of those countries' combined debt has so far been cancelled. Interest payments have fallen on average, but in 2003 14 out of 27 countries receiving some form of debt relief under the initiative were still paying out more than 15 per cent of their total government revenue in interest alone. The result: ten out of 14 African HIPC countries for which data are available are spending more on debt servicing than on health services. And countries such as Zambia – struggling to cope with the HIV/AIDS epidemic – spend more on debt servicing than on providing education: \$150 million more in 2004 in Zambia's case. Low-income countries paid \$39 billion to service their debts in 2003, while they received only \$27 billion in aid.

Rich countries agreed to some debt cancellation in Cologne in 1999. Sadly, more than five years on, it is clear that the debt problem is far from being solved. While the Heavily Indebted Poor Countries (HIPC) initiative has delivered almost \$30bn of debt cancellation and pledged to deliver more than \$20bn more, only 7 countries have actually seen their debts brought down to levels considered 'sustainable', even according to the narrow and inadequate criteria of the HIPC initiative. Even those countries that have qualified for debt relief are still paying \$2.8bn a year to their creditors, 15% of their revenues and in many cases more than they spend on education or health.

Debt relief in Tanzania enabled the Government to make primary education free. This meant over 2 million children can now go to school.

Debt relief works. The debt relief that has been delivered so far has had a massive positive impact on fighting child poverty. Debt relief in Tanzania enabled the Government to make primary education free. This meant over 2 million children can now go to school. In Benin debt relief is paying for staff at rural clinics across the country, and in Mali the debt relief dividend has allowed the recruitment of 5000 community teachers.

At the same time the IMF is also sitting on a huge pile of gold it neither needs nor uses. These 100 million ounces are worth over \$45 billion dollars, but are valued by the IMF at \$8 billion. Revaluing or

IMF's gold reserves are undervalued by over \$37 billion dollars, resources that could be vital to finance debt cancellation.

selling this gold would immediately release vital resources to finance debt cancellation.

Poor country debt will only truly be 'sustainable' if debt service payments do not compromise the ability of such countries to meet the internationally-agreed Millennium Development Goals (MDGs). This position was fully endorsed by the recent report of the UN Millennium Project under Jeffrey Sachs. What this should mean for the majority of low income countries is 100% debt cancellation, plus significant increases in aid, if the MDGs are to be met. Set by this standard, the progress made to date through the HIPC initiative remains woefully inadequate.

The UK Government announced last September that it will pay its share of the debts owed by 21 poor countries to the World Bank and African Development Bank until 2015, and will push for the revaluation or sale of IMF gold to fund IMF relief.

This step is welcome, as it releases vital resources for these countries to spend on fighting poverty. The rest of the G7 should follow suit immediately. However, the proposal should also be expanded further to more than just 21 countries, and involve debt stock cancellation rather than just debt service relief. It should also use resources that are additional to existing bilateral ODA budgets. Lastly it should not be subject to countries having to implement risky and unproven policy conditions in order to access the relief.

When politicians want to act, they can. The Finance Ministers of the G7 showed they could act in response to the Tsunami. They also showed they could act in November when they agreed to cancel 80% of Iraqi debt. Now they must act to end the crippling debt burden of the poorest countries. As the Tanzanian leader Julius Nyrere famously asked:

“Must we starve our children to pay our debt?”

5. Provide at least \$50 billion in aid immediately (in addition to existing aid budgets) to help the most disadvantaged children and accelerate progress towards the MDGs. Set binding timetables in 2005 to ensure that the 0.7 per cent of GDP target is met in all donor countries by 2010.

It is no surprise that vital poverty-reduction programmes that could help children are failing for lack of finance. Cambodia and Tanzania are among the poorest countries in the world, yet they require at least double the level of external financing that they currently receive if they are to achieve their poverty-reduction targets. Global initiatives to support poor countries to achieve universal education and combat HIV/AIDS are starved of cash. Despite the fact that HIV infection rates are rising in sub-Saharan Africa - and with it the number of orphans - the Global Fund to Fight AIDS, TB, and Malaria is assured of one quarter of the funds that it needs for 2005.

Around the world, over a hundred million children who should be in school are not getting an education. The majority of them are girls. The Fast Track Initiative was set up by donors in 2002 with the explicit aim of ensuring international finance for all developing countries that produced good education plans. So far the initiative is failing – principally because the necessary cash is not being made available. Burkina Faso, Honduras, Mozambique, Niger, and Yemen have all had their plans endorsed by Fast Track, but find themselves short of the funds needed for 2004 and 2005. More broadly, aid to primary education is a fraction of what is needed to ensure primary education for all – with only \$1.4 billion being provided, compared with the \$7 billion required each year.

The problem is not that the financial demands of lifting children out of poverty are overwhelming – but that the amount spent in the richest nations on tackling global poverty is shamefully small.

The problem is not that the financial demands of lifting children out of poverty are overwhelming – but that the amount spent in the richest nations on tackling global poverty is shamefully small. At an average of \$80 per person per year in rich countries, the sum is equivalent to the price of a weekly cup of coffee. What is more, the wealthier these countries have become, the less they have given in aid. Rich countries today give half as much, as a proportion of their income, as they did in the 1960s.

There has been some progress. Millions of children are in school in Tanzania, Uganda, Kenya, Malawi, and Zambia, thanks to money provided by partial debt relief and aid. For the same reason, Ugandans no longer have to pay for basic health care, a policy which resulted in an increase of 50 to 100 per cent in attendance at Ugandan health clinics and doubled the rate of immunisations. This shows that the situation is by no means hopeless, and that with political will in rich and poor countries change is possible.

6. Actively engage in building basic services for children in fragile states and conflict-affected countries.

Increasing the total volume of domestic and external resourcing to combat child poverty will not be enough in itself to achieve the child-focused MDGs. Too many of the children that need to be reached are living in states where the basic systems for delivering education, health and other basic services have collapsed or are on the verge of collapse. Unless conflicts can be prevented or rapidly resolved children find themselves in the front line of war, forced to find whatever security they can as refugees or child soldiers. Health care and education become unattainable dreams. As a result, for example, in the conflict-torn Democratic Republic of Congo one of out of every five children dies before their fifth birthday. In many other countries, the legacy of past conflicts, corrupt political leadership or the gradual disintegration of effective state institutions leave children outside the reach of a functioning system that could deliver their rights.

Turning our backs on these 'difficult environments' is not an option if we want to achieve the child-focused MDGs. Donors and other agencies will have to significantly improve their ability to bring about sustainable change in the lives of children living in fragile, failed and conflict-affected countries. This will mean taking more risks, making use of the full range of approaches available, and having to work with a much more diverse group of partners. It will require addressing not just the effective functioning of service delivery systems but also improving the security situation for children and families, creating livelihood options, and reducing vulnerability (e.g. through social protection schemes). It will mean being very sensitive to the local context and relying much more on local responses. Reducing barriers to children and adult's participation will be also be key, both to building capacity and to reduce the risks of conflict.

7. Agree and implement a trading system that make trade part of the solution to overcoming child poverty, not part of the problem. No child should have to work and abandon their education, for example, because rich country subsidies leave the world's poorest farm families on the edge of survival. No child should die or be orphaned because trade rules make life-saving medicine unaffordable.

The rules of international trade are stacked in favour of the most powerful countries and their businesses. On the one hand these rules allow rich countries to pay their farmers and companies subsidies to export food – destroying the livelihoods of poor farming families. On the other, eradicating child poverty, and fulfilling children's rights come a poor second to the goal of 'eliminating trade barriers'. This system is hurting small farming families in developing countries and leaving parents with far too little to provide the support that they need and want to give to their children. In Ghana, domestic rice production, a vital source of income for the country's farmers, has collapsed since the World Bank and IMF insisted that Ghana open its agricultural markets as a condition of receiving aid. US rice now floods the country, while Ghanaian farmers struggle to sell their crops.

Ending child poverty requires trade justice not so called "free trade". This means the EU and the US putting an end to its damaging agricultural export subsidies now; it means ensuring poor countries can feed their people by protecting their own farmers and staple crops; it means enabling governments to effectively regulate water companies by keeping water out of world trade rules; and it means ensuring trade rules do not undermine core labour standards.

Pressuring poor countries to open their markets to trade with rich countries has proved disastrous over the past 20 years,

The World Bank and International Monetary Fund (IMF) must be prevented from pressuring poor countries to open their markets to trade with rich countries, which has proved so disastrous over the past 20 years. The EU must drop its demand that former European colonies open their markets and give more rights to big companies. Multinational companies need to be properly regulated – making them accountable for their social and environmental impact - and, in the case of oil, gas and mining companies, required to declare what they have paid to developing country governments for the extraction of natural resources.

Patent rules inflate prices and put essential medicines out of reach for children. A 2001 WTO agreement allows action to protect public

In a clash between two competing rights the right to life must come before the right to maximise profits from intellectual property.

health and introduces flexibility to allow the manufacture and trade of low-cost generic medicines. This is being undermined by complex licensing procedures, and by bilateral and regional trade deals that oblige developing countries to implement patent rules beyond their WTO obligations. Ensuring children's access to crucial medicines means at the minimum the full implementation of Doha Declaration compulsory licensing flexibilities and an immediate end to 'TRIPS plus' provisions in bilateral and regional trade agreements. In a clash between two competing rights the right to life must come before the right to maximise profits from intellectual property.

Conclusion

“What you have always declared is that we, boys and girls, are the future. You said it with a lot of enthusiasm, but as soon as you got elected, you forgot about your words. We are not the future, we are the present.”

Dante Fernandez Aguilhar, 13, Peru

The fulfilment of the Millennium Declaration and Goals would not represent the end of the line for child poverty but is a crucial stage of the journey. If world leaders break even these minimal promises to invest the resources required, it will be children in poor countries who will pay the greatest price - and none of us will be able to escape the costs. The actions that are needed cannot wait until 2015 - they must happen now. Ending child poverty - the kind of poverty that allows a little girl or boy to die for lack of medicines that cost a few cents - is not a distant dream but a practical, achievable objective, an economic essential, and a moral imperative.

This year, politicians will have three occasions at which they can show leadership - and not, as so often in the past, merely showmanship. No rousing speeches or empathetic tears can save a single child's life - but real decisions can. Providing free high quality basic education and health, investing real resources in the wellbeing and capacities of children, dropping the debt, doubling the quantity and quality of aid, and ensuring trade justice - these are all “do-able”, and can be done in 2005. If, in contrast, world leaders give us another year of business as usual, then the 2015 goals, and the credibility of those who made those promises, will be irreparably undermined.

30,000 children die each day from poverty, while leaders squabble over rival plans on debt cancellation and aid. A mother dies in childbirth every minute, while leaders procrastinate and demand that more multi-year feasibility studies be carried out to see if they can find a way to keep on charging mothers to give birth. At the conclusion of the most recent meetings of the G7 and World Bank in April 2005 we heard the familiar refrain: “We are still finalising the details. We need more time. Wait till the next meeting.”

But the children cannot wait.

About the Report

This is an independent report for the Global Movement for Children and does not necessarily represent the views of all members of the GMC. It was commissioned by the following organisations: Care, Enda Tiers Monde, Latin American and Caribbean Network for Children, NetAid, Oxfam, Plan, Save the Children, UNICEF and World Vision.

The report was coordinated by Ben Phillips with the support of Bill Bell, Peter Crowley, Ruth Kahuranga and Miquel de Paladella, and is based in large part on original research by Arri Fraser, Bethan Emmett, Anne Jellema, Max Lawson and by the member organisations of the Global Movement for Children. The report coordinator would also like to thank Save the Children, Unicef, Oxfam and the Global Call to Action Against Poverty for their help and support.

Global Movement for Children, June 2005

About the Global Movement for Children

The Global Movement for Children (GMC) is the world-wide movement of organisations and people - including children - uniting efforts to build a world fit for children. People of all ages and all nationalities, along with organisations and institutions, are working together as part of the Global Movement for Children, determined to build a world fit for children and for all of us. Their message is straightforward: only by working together will we turn the tide in favour of children.

The changes needed throughout the world to protect the rights of children begin with actions taken by all of us. Everyone must play their part, from governments to organisations and individuals, including children. The name, logo and principles of the Global Movement are offered to all who stand for the rights of children, as means of displaying solidarity and as a banner under which to rally. The Global Movement for Children is a force for change involving each and every one of us.

Please visit www.gmfc.org to find out more about what you can do to build a world fit for children.