



# INVESTING IN THE CHILDREN OF THE ISLAMIC WORLD



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# FOREWORD: CHILDREN FIRST

The largest generation of children and young people in history is preparing to enter adulthood in a rapidly changing world. More than one quarter of the world's 2 billion children live in Muslim countries — members of the Organization of the Islamic Conference — where they represent more than 40 per cent of the Muslim population. Addressing their needs and guaranteeing their rights will in large part determine the success or failure of efforts by the world community during the next decade to combat poverty, accelerate human development and ensure peace and security for all.

In response to globalization, the Islamic community, or umma, needs to carefully balance an openness to other cultures while protecting the right of its children to learn and grow according to the values of the Holy Koran.

All children — girls and boys, in all situations, always and everywhere — have the right to live and thrive, to reach their full potential. This key principle as described in sharia, the canonical law of Islam, guides the implementation of provisions for children that have been established by Islam, including provisions for the family environment, health, education, leisure and cultural activities, special protection, civil rights and freedoms.

It is therefore not surprising that the Convention on the Rights of the Child has been embraced by all Muslim countries.<sup>1</sup> Ratification of this landmark human rights instrument commits countries to a code of obligations for children. It puts the rights of children at the forefront of the global struggle for human rights, to be ensured by adult society as a matter of legal obligation, moral imperative and development priority.

As does the Convention, Islam establishes the best interests of the child as a primary consideration in actions and decisions concerning children; and the principles of sharia place corresponding obligations on the family, on society and on the state. These standards are used to guide laws, practices, budgets and policies. Governments, in particular, are encouraged to create an environment and provide the resources that ensure children receive the full benefits of their rights.

Members of the Organization of the Islamic Conference have affirmed their commitment to children by adopting the Millennium Declaration, the Millennium Development Goals and the goals of 'A World Fit for Children', the outcome document of the United Nations General Assembly's Special Session on Children in 2002. A resolution on Child Care and Protection in the Islamic World was issued by the Cultural Affairs Committee of the Organization of the Islamic Conference and adopted by member states at the Islamic Summit Conference in Malaysia, October 2003.

Islam and 'A World Fit For Children' share the same vision: a world in which all children get the best possible start in life; in which all children have access to free, high-quality, basic education; in which all children are protected against measles, malaria and malnutrition, are free from the terrors of war and have ample opportunity to grow to their full human potential.

The Organization of the Islamic Conference (OIC), the United Nations Children's Fund (UNICEF) and the Islamic Educational, Scientific and Cultural Organization (ISESCO) have joined hands to prepare this report as a background document for the First Ministerial Conference on the Child, jointly convened by the three organizations. The Ministerial Conference will assess the progress being made in OIC member states in key areas relating to children, review good practices and lessons learned, and recommend actions to accelerate progress towards delivering on the commitments to our children.

We look forward with great anticipation to the results of the Ministerial Conference and hope that this report will enrich the dialogue on how to translate our collective vision of 'A World Fit for Children' into a reality for all.



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# OVERVIEW

## The Millennium Development Goals and 'A World Fit for Children' commitments

Developments during the 1990s heralded great promise for children. Leaders at the World Summit for Children in 1990 issued an urgent, universal appeal for every child to be guaranteed a better future. The Convention on the Rights of the Child, which entered into force in September 1990, became the most universally embraced of all human rights treaties; today it has been ratified by almost every nation. Two optional protocols followed, designed to protect children against child trafficking, prostitution and pornography, and involvement in armed conflict.

Yet despite these advances, and despite some tangible progress in public health and other areas, it was clear after 10 years that the Summit's ambitious goals were far from being fully accomplished.

Nearly 11 million children still die each year, and in most cases their deaths are preventable. About 115 million children are still out of primary school, 54 per cent of them girls, and about 150 million suffer from malnutrition in developing countries. Millions of children are exploited in hazardous labour, sold and trafficked, or subjected to abuse, neglect and violence, including war. The scourge of HIV/AIDS, especially in sub-Saharan Africa, is spreading among children and young people with catastrophic speed. And in many of the poorest nations, efforts to ensure the well-being of children are hindered by debt burdens, excessive military spending and the inefficient use of resources.<sup>2</sup>

There is nothing mysterious about the origin of these threats to children. Poverty does not persist for unfathomable reasons; war does not emerge out of nowhere. These ravages are

often the result of choices made by governments and others in power, reflected in the ways resources are allocated, in how often children are central to decision-making and in how the impact of such choices is assessed.

At the Millennium Summit in September 2000, Heads of State and Government representing all 189 UN member countries adopted the Millennium Declaration, in which they recognized their responsibility to uphold the principles of human dignity, equality and equity, and their duty to the world's people — “especially the most vulnerable and, in particular, the children of the world, to whom the future belongs.”

The Declaration listed seven objectives to which the world's leaders assigned special significance: establishing peace, security and disarmament; encouraging development and eradicating poverty; preserving the environment; promoting human rights, democracy and good governance; protecting the vulnerable; meeting the special needs of Africa; and strengthening the UN.

As part of the road map for implementing the Millennium Declaration, the UN General Assembly adopted eight Millennium Development Goals (MDGs):

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development.

Most of these goals were established for 2015, and seven of the eight directly relate to children's rights and well-being.

At the UN General Assembly's Special Session on Children, May 2002, 190 high-level national delegations, including 69 Heads of State, resolved to complete the agenda. The document that emerged from the Special Session — 'A World Fit for Children' — was adopted by consensus at the General Assembly and served to complement the goals defined at the UN Millennium Summit. 'A World Fit for Children' placed the rights of children at the heart of efforts to promote healthy lives; provide quality education; protect children against abuse, exploitation and violence; and combat HIV/AIDS.

In September 2005, five years after the Declaration was adopted, the High Level Plenary Meeting of the 60th session of the UN General Assembly provided the opportunity for world leaders to reflect on progress made towards the MDGs and to deliver on their promises to the world's poorest children.

Some advances have been made, but progress on almost all the MDGs — and the 'World Fit for Children' commitments — is behind schedule. Without a significant and concerted effort by

donors and governments, the targets will not be met — a scenario of catastrophic consequences for the children.<sup>3</sup>

### The situation of children in the Islamic world

OIC member states have committed to achieving the Millennium Development and 'World Fit for Children' goals, and by ratifying the Convention on the Rights of the Child they have affirmed the principles of children's rights. Much progress has been made in these areas, but much remains to be done.

In OIC countries, about 4.3 million children under five die each year from preventable diseases and malnutrition — over 60 per cent of them before reaching their first birthday.<sup>4</sup> About 6 million children under five suffer from malnutrition in the form of stunting, with low height for their age. About 23 per cent of the total population have no access to safe drinking water, and 45 per cent lack adequate sanitation. Children in sub-Saharan Africa, in particular, are facing a life-threatening crisis as a consequence of armed conflict, HIV/AIDS and poverty.

Globalization, poverty and inequity have aggravated these problems and created new ones. Rural to urban migration has caused a growth of slums and shantytowns, and the breakdown of families has forced increasing numbers of children to fend for themselves. Ongoing conflicts in some countries have destroyed social structures that may have already been weak. These phenomena have placed tremendous strain on the abilities of states to provide basic social services for all and to protect vulnerable children.

Education is a precondition for economic development and the fight against poverty, and the Koran sets the education of girls and boys as a high priority. Yet despite progress, primary school participation remains below 60 per cent in 20 OIC countries. Gender disparity persists, and as a result, only 26 out of 57 OIC members are on course to achieve the MDG target of gender parity in primary education in 2005.<sup>5</sup>

The protection of children against abuse, violence and exploitation is an essential element

## The right to a religious and cultural identity

Islam establishes the right of all children to a religious and cultural identity, including a child's right to exercise his or her faith and freely practise religious rituals, within and outside the home country, and to be protected against the embrace of Islam under coercion. It includes a child's right to observe his or her culture in keeping with the Islamic spirit of tolerance, love, acceptance of others and openness to the world, and the right to an education that is consistent with the child's faith, identity and culture.

Children's right to a religious and cultural identity as established in Islam is applicable to children of all religions regardless of whether they live in an Islamic country, and it is regulated by rules of reciprocity and international law. It is compatible with the Convention on the Rights of the Child and other human rights instruments that affirm the right of all people to a cultural heritage, identity and specificity.



of Islam. In many countries, the long silence on many protection issues is being broken, especially by the media — a sure sign of progress. But millions of children are still victimized by exploitation, and countless others are affected by violence at home, in schools, on the streets, in institutions and through the juvenile justice system. The lack of empirical data or clear evidence combined with the stigma that surrounds some of these issues makes it difficult to know the true extent of these problems and can hinder protection efforts.

### Constraints and challenges

The tsunami of December 2004, which hit Indonesia — an OIC country — with particular force, is a vivid reminder of the natural disasters that prevent many countries, especially in Asia and sub-Saharan Africa, from meeting their development goals. While floods, earthquakes and droughts batter some countries, others are afflicted by disasters of human origin.

During the past 10 years, ethno-religious and political conflicts have taken a grievous toll in nearly a third of OIC members,<sup>6</sup> and the impact of these conflicts falls disproportionately on children and women. In a number of countries, ingrained social attitudes and cultural misconceptions pose challenges that may take many years to overcome. In others, the role of civil society in asserting children's and women's rights could be greatly expanded.

Budgetary constraints too have had an impact on development programmes and social services. As OIC countries contend with the pressures of economic globalization on often fragile local economies, they also face the challenges that globalization poses to values from which Islamic societies are founded.

In the face of these and other obstacles, OIC countries are building upon the strength of Islamic traditions — self-help, solidarity and protection of the vulnerable — to reaffirm their commitments to their children. The Convention on the Rights of the Child and other international human rights instruments have been ratified; now the challenge is to implement them. Active partnerships among OIC

### Islamic solidarity

“... through a joint initiative of His Royal Highness Prince Abdullah Ibn Abdul Aziz and His Excellency the Prime Minister of Malaysia, Mr. Abdullah Badawi, the General Secretariat was entrusted with the central role in a major humanitarian project to sponsor the children victims of the tsunami in Southeast Asia. This project is the first major joint humanitarian experience under the umbrella of the Organization of the Islamic Conference. The project involves the creation of what is known as the ‘OIC Alliance to sponsor Children Victims of the Tsunami’ who are estimated to number about 35,000. The estimated cost of this project, which is USD150 million, will be distributed over 15 years and financed by Member States and their peoples, as well as by some philanthropists and charitable institutions and civil society organizations in the Muslim world.”

—Speech of H.E. Professor Ekmeleddin Ihsanoglu, Secretary General of the Organization of the Islamic Conference, at preparatory meetings for the 32nd session of the Islamic conference of foreign ministers, Jeddah (Saudi Arabia), 30 April – 2 May 2005

governments, as well as with regional and international financial institutions and the private sector, will be essential to provide the necessary funding and technical expertise. The flow of development assistance needs to be increased, with the wealthier OIC countries assuming their responsibility towards the poorer, and channelled more deliberately to address the needs of children.



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# PROMOTING HEALTHY LIVES

*We are determined to break the intergenerational cycle of malnutrition and poor health by providing a safe and healthy start in life for all children; providing access to effective, equitable, sustained and sustainable primary health care systems in all communities, ensuring access to information and referral services; providing adequate water and sanitation services; and promoting a healthy lifestyle among children and adolescents.*

— 'A World Fit for Children', paragraph 36<sup>7</sup>

## Under-five mortality

The Millennium Development Goals call for a reduction in under-five mortality rates by two thirds by 2015, which translates into an average annual reduction rate of 4.4 per cent. OIC countries whose average annual rate of reduction between 1990 and 2003 has matched or exceeded the implied MDG target are shown in Table 1. With these notable exceptions, all three OIC subregions are failing to achieve the rates of progress needed to meet the goal.

**Table 1: Average annual reduction rates in under-five mortality rates in OIC countries on course to meet the MDG**

Countries	Under-five mortality rate (per 1,000 live births)			Average annual rate of reduction (%)	
	1990	2003	MDG target 2015	Progress 1990–2003	Requirement 2003–2015
Malaysia	21	7	7	8.5	0.0
Egypt	104	39	35	7.5	1.0
Libyan Arab Jamahiriya	42	16	14	7.4	1.1
Oman	30	12	10	7.0	1.5
Syrian Arab Republic	44	18	15	6.9	1.7
Indonesia	91	41	30	6.1	2.5
Morocco	85	39	28	6.0	2.7
Tunisia	52	24	17	5.9	2.7
Albania	45	21	15	5.9	2.8
Bangladesh	144	69	48	5.7	3.0
Turkey	78	39	26	5.3	3.4
Brunei Darussalam	11	6	4	4.7	4.0
Iran (Islamic Republic of)	72	39	24	4.7	4.0
Kuwait	16	9	5	4.4	4.4

**Note:** The speed of progress in reducing the under-five mortality rate is measured here by calculating the average annual reduction rate (AARR). Unlike the comparison of absolute changes, the AARR reflects the fact that the lower limits to under-five mortality rates are approached only with increasing difficulty. The AARR is calculated on an exponential basis, which assumes a continuous, exponential reduction between two points in time. It does not take into account the intermediate values of the series.

**Source:** *The State of the World's Children 2005*, Table 10, with additional calculations by UNICEF.



OIC countries account for 11 of the 16 highest rates of under-five mortality in the world, and the epicentre of the global crisis is in sub-Saharan Africa (see *Table 2*).

The under-five mortality rate in sub-Saharan Africa is more than twice the world average, and virtually no progress is being made. Countries of the African OIC subregion are reducing under-five mortality rates by just 1 per cent per year, on average, and in Côte d'Ivoire, this rate has actually increased.<sup>8</sup> These high child mortality rates, exacerbated by HIV/AIDS and armed conflict, mean that a child born in sub-Saharan Africa can expect to live only 46 years, compared to 78 in the most affluent countries.

Worldwide, acute respiratory infection, diarrhoea and malaria continue to claim the most child lives. The impact of acute respiratory infections can be greatly reduced through the early interventions of a trained health provider. In the African OIC subregion, however, only 36 per cent of children with acute respiratory infections see a health professional; the Arab OIC subregion fares better in this regard, as 62 per cent of children with acute respiratory infections benefit from such access.

Oral rehydration therapy is key to preventing child deaths from diarrhoeal dehydration, but surveys indicate that its use in OIC countries

falls well below desirable levels. Again, the problem is most severe in sub-Saharan Africa, where fewer than one third of children with diarrhoea receive oral rehydration therapy. Other preventive measures include breastfeeding and complementary feeding, improved hygiene, and access to clean drinking water and sanitation.

Malaria is endemic in most parts of Africa and accounts for almost 1 in 5 of all childhood deaths on the continent. In Guinea-Bissau, for example, where the under-five mortality rate is 204 per 1,000 live births (the 10th highest in the world), children under five accounted for 48 per cent of reported malaria cases and 63 per cent of all malaria deaths in 2004.<sup>9</sup> In recent years, efforts have been made to protect children against malaria through widespread distribution of mosquito nets, ideally insecticide-treated. Data indicate that in African OIC countries roughly 1 in 7 children under the age of five is sleeping under a mosquito net and 1 in 50 is sleeping under an insecticide-treated net. The Mozambican Government's campaign has reached 36 of the country's 146 districts to distribute 250,000 insecticide-treated mosquito nets to pregnant women and children, attaining as much as 60 per cent coverage in some districts.

Much progress has been made in public health. In Malaysia, for example, a well-developed

**Table 2: Under-five mortality by rank and rate in OIC countries where rates are highest**

Countries	Under-five mortality rank	Under-five mortality rate (per 1,000 live births)			Average annual rate of reduction (%)	
		1960	1990	2003	1960–1990	1990–2003
Sierra Leone	1	390	302	284	0.9	0.5
Niger	2	354	320	262	0.3	1.5
Afghanistan	4	360	260	257	1.1	0.1
Somalia	5	–	225	225	–	0.0
Mali	7	500	250	220	2.3	1.0
Burkina Faso	8	315	210	207	1.4	0.1
Guinea-Bissau	10	–	253	204	–	1.7
Chad	12	–	203	200	–	0.1
Nigeria	13	290	235	198	0.7	1.3
Côte d'Ivoire	14	290	157	192	2.0	-1.5
Mauritania	16	310	183	183	1.8	0.0

– Data not available.

Source: *The State of the World's Children 2005*, Table 10.



**Table 3: Under-five mortality rates and maternal education in selected OIC countries**

Country (year of data)	Under-five mortality rate (per 1,000 live births)		
	Mothers with no education	Mothers with some primary education	Mothers with some secondary education
<b>African OIC countries</b>			
Burkina Faso (1998–1999)	230	170	100
Guinea (1999)	204	162	104
Mali (2001)	247	220	90
Niger (1998)	314	225	130
Togo (1998)	159	127	83
<b>Asian/Arab OIC countries</b>			
Bangladesh (1999–2000)	130	100	68
Egypt (2000)	89	74	40
Indonesia (1997)	108	79	35
Jordan (1997)	62	41	29
Turkey (1998)	84	56	32

Source: Demographic and Health Surveys (DHS).

primary health care system, equitable access to vaccines and to oral rehydration therapy for diarrhoea, good childhood nutrition, and a broad reach of clean water and improved sanitation services have placed child mortality rates in that country on a par with rates of industrialized countries. Oman has made outstanding advances in its social and human development indicators during the past three decades, including a reduction in the under-five mortality rate to a mere 12 per 1,000 live births. Turkey's success in reducing the under-five mortality rate is largely attributable to lowered fertility rates and increased levels of girls' education, as well as improved neonatal care and expanded breastfeeding.

It is impossible to overstate the links between health and education, especially women's education. Data show a striking correlation between the under-five mortality rate and the educational level attained by a child's mother (see *Table 3*). In selected countries, under-five mortality is highest among children whose mothers had no education, lower if the mother has had some primary schooling, and still lower where she has benefited from some secondary education.

## Nutrition

A number of countries in the Organization of the Islamic Conference have some of the highest indices of child malnutrition in the world. Close to half of under-five children in Afghanistan, Bangladesh and Yemen, and one quarter or more of under-five children in seven countries of the African OIC subregion, as well as in the Comoros, Maldives, Mauritania and Pakistan, are both underweight and stunted (see *Table 4*).

UNICEF recommends that children be exclusively breastfed for the first six months after birth and that breastfeeding should continue with appropriate complementary feeding to at least 24 months or beyond. Similar stipulations are contained in the Koran, yet all three OIC subregions fall far short of these standards. During the crucial first six months of a child's life, only 27 per cent of children in OIC countries are exclusively breastfed, compared to a world-wide figure of 37 per cent. Only 22 per cent of children in African OIC countries are exclusively breastfed, although mothers who breastfeed their children tend to do so longer.

**Table 4: Malnutrition in selected OIC countries**

Countries	% of under-five children suffering from:	
	Underweight	Stunting
Afghanistan	48	52
Bangladesh	48	45
Burkina Faso	34	37
Chad	28	29
Comoros	25	42
Guinea-Bissau	25	30
Maldives	30	25
Mali	33	38
Mauritania	32	35
Niger	40	40
Nigeria	29	38
Pakistan	38	37
Sierra Leone	27	34
Yemen	46	53

**Note:** Data are from the most recent year available between 1995 and 2003 and refer to moderate and severe levels of malnutrition.

**Source:** *The State of the World's Children 2005*, Table 2.

A lack of iodine in the diet puts children at risk for iodine deficiency disorders, the single largest cause of preventable mental retardation in the world. Iodine deficiency disorders can be eliminated with only a few grains of iodized salt each day, but millions of children are still being born into households where iodized salt is not consumed. Programmes to encourage the consumption (and in many cases the domestic production) of iodized salt are now under way in a number of countries of the OIC. In Africa, for example, Gabon has banned the importation and sale of non-iodized salt and Guinea-Bissau has launched a national campaign to promote the consumption of iodized salt.

After a decade-long campaign, in November 2004 Turkmenistan became the fourth country in the world to be certified as achieving 100 per cent salt iodization. Afghanistan, Azerbaijan, Indonesia, Nigeria, Tunisia and Uganda have also made strides towards 100 per cent iodization, and Kazakhstan has committed major resources to combating iodine deficiency in its

National Programme on Health Reform and Development (2005–2010).

### Safe motherhood

In Afghanistan, the chances of a woman dying as a result of pregnancy are 1 in 6 — every 30 minutes, one Afghan woman dies during child-birth. A woman's lifetime risk of maternal death is 1 in 6 in Sierra Leone, 1 in 7 in Niger, 1 in 11 in Chad and 1 in 15 in the African OIC countries as a whole. These shocking statistics serve to dramatize the extraordinary crisis in maternal mortality in sub-Saharan Africa.<sup>10</sup>

Several factors have a bearing on this emergency. The most important is overall fertility rates, which are only slowly declining.<sup>11</sup> The fertility rate in 2003 was more than 5 births per woman in 23 OIC members; it was 7 in Guinea-Bissau, Mali, Somalia, Uganda and Yemen, and 8 in Niger.

The second factor is the presence of a skilled birth attendant during delivery. While antenatal care coverage is generally close to the global average, access to care plummets when the time comes to give birth. In African OIC countries, only 39 per cent of women receive this essential service. In Chad and Niger, where under-five and maternal mortality rates are at their highest, skilled birth attendants are present at only 16 per cent of deliveries.

Other factors determining maternal mortality rates include the mother's age, the availability of prenatal care, and timely access to hospital or medical care in the event of an obstetric emergency. Anaemia and vitamin A deficiency also take a significant toll on women and small children.

### Immunization

Countries in the African OIC subregion fall far behind those in the Arab and Asian/other OIC subregions in immunizing children against such vaccine-preventable diseases as diphtheria, hepatitis, measles, polio, tetanus, tuberculosis and whooping cough. Immunization coverage in the Arab OIC subregion is higher than in other subregions in almost all categories, while

**Table 5: Immunization coverage in OIC subregions (2003)**

Region/subregion	One-year-olds immunized (%)					Pregnant women immunized against tetanus (%)
	TB	DPT3	Polio3	Measles	Hepatitis B3	
African OIC	67	51	56	55	20	53
Arab OIC	85	82	82	83	62	55
Asian/other OIC	87	76	77	74	39	60
Total OIC	81	70	72	71	39	57
World	85	78	79	77	42	64

Source: *The State of the World's Children 2005*, Table 3. Additional calculations by UNICEF.

coverage in Asian OIC countries is roughly on a par with the rest of the world (see *Table 5*).

Coverage in African OIC countries is more than 20 percentage points below world levels in most categories. The most dramatic shortfall is in Nigeria, with coverage for tuberculosis at 48 per cent, DPT3 (three doses of combined diphtheria/pertussis/tetanus vaccine) at 25 per cent, Polio3 (three doses of polio vaccine) at 39 per cent and measles at 35 per cent.

Coverage rates are in large part a function of the ability and willingness of governments to underwrite the full cost of routine vaccination programmes. In this respect, the picture is encouraging. Many OIC governments have increased their budget lines for vaccine procurement and vaccination campaigns. More than half of OIC members — 31 out of 57 — now finance 100 per cent of routine vaccinations,<sup>12</sup> and others are moving rapidly in the same direction.

Of vaccine-preventable diseases, measles continues to claim the most child lives. Gabon has adopted a National Strategic Plan for measles control, Tajikistan and Turkey have conducted national measles immunization campaigns, and Kazakhstan has recently started a national immunization campaign to eliminate measles and rubella. In Afghanistan, where routine immunization coverage is low, it is estimated that immunization campaigns avert 35,000 child deaths from measles annually.

## Polio

The recent resurgence of polio in Africa is a setback to gains in children's health, although,

paradoxically, the responses of local communities engender renewed optimism. When the World Health Organization (WHO) began its worldwide polio-eradication campaign in 1988, 125 countries were reporting a total of 350,000 new cases a year. Within 15 years, however, WHO was on the point of announcing that polio was the second of the world's most feared epidemic diseases to be entirely wiped out (the first was smallpox). After a series of aggressive eradication initiatives, most successfully pursued in Asia, polio remained endemic in only six countries worldwide. Five of these were members of the OIC — Afghanistan, Egypt, Niger, Nigeria and Pakistan; the sixth was India.

In August 2003, local authorities in the Nigerian state of Kano halted polio vaccinations. By the end of November 2004, Nigeria had reported

## Fighting child and maternal mortality in Indonesia

Indonesia has achieved impressive success in lowering child and maternal mortality rates. Its under-five mortality rate has dropped from 91 per 1,000 live births in 1990 to 41 per 1,000 live births in 2003. But the nutrition status of under-five children is only slowly improving, and breastfeeding is on the decline. Maternal mortality rates — 230 per 100,000 — remain high in comparison with other South-East Asian countries. The Indonesian Government has declared the reduction of under-five and maternal mortality rates a national priority in its past three national health plans. It recently started trials of misoprostol (an oral prostaglandin analogue) in four provinces to prevent post-partum haemorrhaging, the most common cause of maternal mortality after delivery.

Source: UNICEF Indonesia, *Annual Report 2004*.

783 new cases of paralytic polio — a fourfold



UNICEF/HQ04-0676/Giacomo Pirozzi

increase representing 75 per cent of cases in Africa and 64 per cent of the global caseload,<sup>13</sup> and a number of other African countries (some of them previously disease-free) had begun reporting new cases. To date, polio has spread to 16 countries, most of them members of the OIC, including Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Guinea, Indonesia, Mali, Saudi Arabia, Sudan and Yemen.

The vigorous support of political and religious leaders — not only in Nigeria and its African

neighbours but throughout the Islamic world — proved critical in turning back the tide of the disease and demonstrated the positive role these leaders can play in encouraging behavioural changes that benefit children. Religious leaders issued a fatwa in support of the polio vaccine, and in July 2004, Kano resumed its vaccination campaigns.

In 2003 and 2004, the OIC passed increasingly urgent resolutions asking its members and Islamic charities to donate to polio-

**Table 6: Access to improved drinking water and adequate sanitation in OIC subregions**

Region/subregion	Percentage of population using improved drinking water sources (2002)			Percentage of population using adequate sanitation facilities (2002)		
	Total	Urban	Rural	Total	Urban	Rural
African OIC	58	77	46	35	51	25
Arab OIC	83	92	73	68	87	45
Asian/other OIC	81	91	74	58	80	42
Total OIC	77	89	68	55	77	39
World	83	95	72	58	81	37

Source: *The State of the World's Children 2005*, Table 3. Additional calculations by UNICEF.



eradication efforts. But the response has not been sufficient. Countries will need to increase efforts to ensure that all children are vaccinated.

### Clean water and sanitation

'A World Fit for Children' called for at least a one-third reduction in the proportion of households without access to affordable and safe drinking water and hygienic sanitation facilities by 2010, and the MDG target is for levels to be reduced by half. There are unfortunate exceptions, but most OIC countries are on track towards meeting the goals on access to drinking water, though progress has been considerably slower with respect to adequate sanitation. Most African OIC countries are falling short of both targets.

While 77 per cent of people in OIC countries use improved drinking water sources, only 55 per cent use adequate sanitation facilities (see *Table 6*). Ten members — Albania, Comoros, Egypt, the Islamic Republic of Iran, Jordan, Malaysia, the Occupied Palestinian Territory, Pakistan, Suriname and Turkey — provide 90 per cent or more of their total population with improved drinking water; and Lebanon and Qatar have achieved universal coverage. Seven countries — Algeria, Jordan, Lebanon, the Libyan Arab Jamahiriya, Qatar, Suriname and the United Arab Emirates — provide the same near-universal level of access to adequate sanitation.

Yet deep pockets of deprivation remain, as well as huge disparities. In general, urban populations are about twice as likely as rural populations to enjoy access to adequate sanitation. In several of the Central Asian republics, water and sanitation access has declined dramatically outside the capital cities. Closing these gaps remains a major challenge to members of the OIC.

In addition to the better-known threats to clean water, new problems have appeared as over-extraction of groundwater has lowered the water table in some countries. In Bangladesh and Pakistan, contamination of drinking water with naturally occurring inorganic

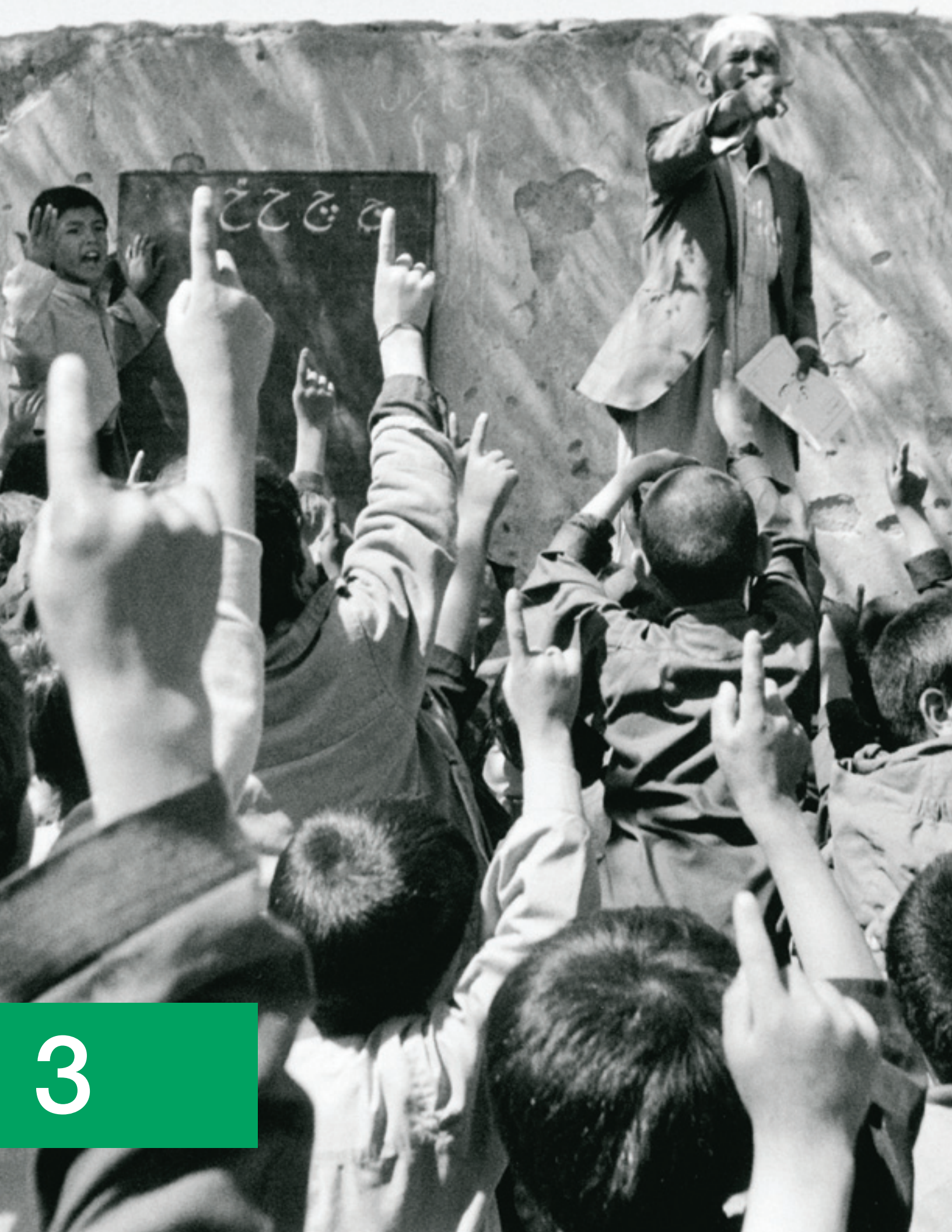
arsenic has become a public health concern. Arsenic contamination in tube wells in Bangladesh, for example, has sickened about 15,000 people, and only three quarters of the population now have access to clean water. Both governments have devoted significant resources to dealing with the threat, with Pakistan committing \$31.5 million in 2004 to groundwater arsenic removal and other water-quality issues.

### Mobilizing resources for health

Worldwide, governments devote about 12 per cent of their expenditures to health, compared to an average of 10 per cent for defence. In OIC countries as a whole, defence budgets match that global average — but health budgets lag far behind, accounting for only about 4 per cent of total government expenditures per UNICEF figures.

In 'A World Fit for Children', governments resolved to explore "new ways of generating public and private financial resources, *inter alia*, through the reduction of excessive military expenditures and the arms trade and investment in arms production and acquisition, including global military expenditures, taking into consideration national security requirements" (*paragraph 52*).

Some OIC countries in recent years have invested an increasing share of their resources in public health. For example, the Nigerian Government's National Economic Empowerment and Development Strategy, launched in 2004, outlines a major increase in health and education spending, with 10 per cent of expenditures slated for clean water and sanitation. Also in 2004, Lebanon embarked on a comprehensive health-sector development project, identifying the need for urgent reform in financing, the pharmaceuticals market, primary health care and overall quality monitoring.





# PROVIDING QUALITY EDUCATION

*Education is a human right and a key factor to reducing poverty and child labour and promoting democracy, peace, tolerance and development. Yet more than 100 million children of primary-school age, the majority of them girls, are not enrolled in school. Millions more are taught by untrained and underpaid teachers in overcrowded, unhealthy and poorly equipped classrooms. And one third of all children do not complete five years of schooling, the minimum required for basic literacy.*

—‘A World Fit for Children’, paragraph 38

In the global economy, countries with poorly educated populations and high levels of gender inequality in education will be slower to progress and less able to compete with countries in which populations are educated and there is gender equality in the classroom.<sup>14</sup> Even more immediately, education saves lives when babies survive because of their mothers’ understanding of health and nutrition, or young people know how to protect themselves from HIV/AIDS. Education gives adolescents the opportunity to lift themselves out of poverty and provides girls with a new sense of self-esteem and status in society.

The OIC represents one fifth of the world’s population and more than one fourth of the developing world; Islam’s first divine message was “Read.”<sup>15</sup> But in some countries of the region more than half the adult population is illiterate, and more than 70 per cent of women are illiterate.

The Millennium Development Goals call for universal primary education by 2015, and gender parity in education by 2005. Gender parity in education was the only MDG target placed on an accelerated timetable, because of its critical importance as a yardstick of

broader progress towards gender equality and women’s empowerment.

## Access to primary education

UNICEF projects that during 2005, 86 per cent of the world’s primary-school-age children will attend school, increased from 82 per cent in 2001.<sup>16</sup> But some countries will need to step up efforts to meet the goal of universal primary completion by 2015. In 24 countries, 17 of them OIC members, net primary school participation remains below 60 per cent.

## The gender gap in education

More children than ever are going to primary school in 2005, but 115 million children around the world are either not enrolled or do not attend school — and the majority of these are girls.

A quality education is the right of both girls and boys. It begins with a sufficient number of schools and enough books, pencils and trained teachers in the classroom to accommodate all children. A quality education is gender-sensitive and requires a safe and child-friendly school environment, relevant content and efficient processes that ensure learning.

Quality is essential for closing the gender gap in basic education. Girls in particular face discrimination and circumstances that keep them out of school or prevent them from learning effectively. The decisions of parents to send their daughters to school are often determined by whether the school environment is safe and promotes effective and useful learning. Both are important. There is little point in giving a girl the opportunity to go to school if the quality of her education is so poor that she will not become literate and numerate or if she will not acquire skills needed for life. Improving the quality of education must be high on national agendas if girls are to go to school and stay in school.

The Arab OIC subregion has made especially impressive progress over the past two decades. Yet disparities remain, both between and within countries. While Algeria, Egypt, Jordan, Lebanon, Occupied Palestinian Territory, Qatar, Syrian Arab Republic and Tunisia are all close to the goal of universal primary education, other Arab nations are far from reaching it. In Djibouti, for example, only 34.3 per cent of primary-school-age children are enrolled in primary school. In Sudan 48.9 per cent are enrolled, and in Yemen, 54.6 per cent are enrolled.

The rate of primary school enrolment and participation in African OIC countries reveals even greater variations. While 60 per cent of children are in school regionwide, country-by-country figures range from 79.6 per cent in Gabon to 34.6 per cent in Niger.

The Education for All Fast-Track Initiative is a partnership between 15 developing countries and 30 bilateral and multilateral donors and agencies, led by the World Bank. It was created to help low-income countries achieve the goals



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of gender parity in primary education, as well as universal enrolment and completion. The partnership addresses a broad range of concerns, including teacher quality and curriculum content; pupil-teacher ratios; health, sanitation and nutrition in schools; understanding of HIV/AIDS and risk avoidance; and school governance, with a strong emphasis on the participation of communities and civil society. Eight OIC countries — Burkina Faso, Gambia, Guinea, Guyana, Mauritania, Mozambique, Niger and Yemen — are participants in the Fast-Track Initiative.

### Gender parity

*“Seeking education is a religious duty of every Muslim.”*

—Hadith by the Prophet Mohamed (peace be upon him)

No educational disparity is greater, more important or more disturbing in its long-term implications than the wide disparity between boys and girls at primary-school level. Girls make up the majority of children who are out of school (54 per cent), and among girls who do attend school, the proportion who drop out before completing grade five is even higher.

Many countries of the Asian OIC subregion are close to meeting the gender parity target, but the gap between boys’ and girls’ school participation remains significantly larger in the African and Arab OIC subregions. Arab members of the

## Educational progress in the Arab world

The recent accomplishments of two Arab countries are particularly worthy of recognition.

Since 1991, education in **Tunisia** has been free and compulsory for all children aged 6-16. Its education law states that the aim of the system is to “prepare young people for a life which has no room for any kind of discrimination or segregation based on sex, social origin, race or religion” and promises that Tunisian schools will “assist them to accede to maturity in the spirit of tolerance and moderation.” Tunisia enjoys high enrolment at all levels of its educational system, almost universal enrolment in Grade 1, and gender parity in both primary and secondary schooling. At the university level, female students now outnumber males.

Between 1980 and 2001, **Yemen** achieved an average annual increase in primary school enrolment of nearly 2 per cent. For all Yemeni children to be in primary school by 2015, girls’ participation requires an average annual increase of 3.9 per cent and boys’ participation requires an average annual increase of 2.1 per cent. In 2003, Yemen was one of 10 countries awarded extra financial resources from the international donor community under the Education for All Fast-Track Initiative.

**Source:** *Progress for Children: A report card on gender parity and primary education.*



Table 7: Gender parity and primary education in OIC members on course to meet the MDG target

Countries and territories	Primary net enrolment/attendance ratio (c. 2001)				Average annual rate of increase observed (1980–2001)			Average annual rate of increase required for 2015 goal		
	Total	Boys	Girls	GPI*	Total	Boys	Girls	Total	Boys	Girls
<b>African OIC</b>										
Gabon	79.6	80.1	79.2	0.99	0.81	0.56	1.05	1.36	1.32	1.39
Uganda	78.9	78.4	79.4	1.01	0.92	0.41	1.35	1.51	1.54	1.47
<b>Arab OIC</b>										
Algeria	96.9	98.0	95.7	0.98	–	–	–	0.22	0.14	0.31
Bahrain	92.2	91.9	92.6	1.01	0.38	-0.10	0.81	0.55	0.58	0.53
Egypt	92.5	94.5	90.4	0.96	1.05	0.86	1.25	0.54	0.39	0.69
Jordan	94.9	94.3	95.5	1.01	0.59	0.20	0.94	0.37	0.41	0.32
Kuwait	88.9	89.1	88.7	0.99	–	–	–	0.79	0.78	0.81
Lebanon	91.6	91.7	91.6	1.00	0.53	0.29	0.73	0.60	0.60	0.60
Mauritania	66.7	68.2	65.2	0.96	1.46	1.17	1.69	2.38	2.27	2.48
Occupied Palestinian Territory	98.6	98.2	99.0	1.01	–	–	–	0.10	0.13	0.07
Oman	76.1	75.6	76.6	1.01	–	–	–	1.71	1.74	1.67
Qatar	98.8	99.5	98.0	0.99	–	–	–	0.09	0.04	0.14
Tunisia	97.8	98.0	97.7	1.00	–	–	–	0.15	0.14	0.17
United Arab Emirates	83.9	84.9	82.7	0.97	–	–	–	1.15	1.08	1.23
<b>Asian/other</b>										
Albania	97.2	97.3	97.0	1.00	–	–	–	0.19	0.18	0.20
Azerbaijan	79.9	80.6	79.2	0.98	0.06	0.00	0.12	1.44	1.39	1.49
Bangladesh	79.3	78.4	80.2	1.02	1.15	0.55	1.50	1.48	1.55	1.41
Guyana	98.1	98.5	97.7	0.99	0.16	0.23	0.09	0.13	0.10	0.16
Indonesia	96.3	96.7	95.9	0.99	0.52	0.27	0.78	0.26	0.23	0.29
Kazakhstan	95.7	94.8	96.7	1.02	0.03	0.02	0.04	0.30	0.37	0.24
Kyrgyzstan	90.0	91.7	88.4	0.96	0.04	-0.01	0.07	0.71	0.60	0.83
Malaysia	95.2	95.1	95.3	1.00	–	–	–	0.34	0.35	0.34
Maldives	97.5	97.0	98.1	1.01	–	–	–	0.18	0.21	0.14
Suriname	98.6	97.3	100.0	1.03	0.46	0.34	0.57	0.10	0.19	0.00
Turkmenistan	81.8	82.8	80.8	0.98	0.05	0.01	0.08	1.21	1.15	1.28
Uzbekistan	80.3	80.8	79.9	0.99	0.00	0.02	-0.01	1.40	1.37	1.44

\* The gender parity index (GPI) is the ratio of girls' to boys' primary net enrolment/attendance. Countries with a GPI between 0.96 to 1.04 in 2001 are considered on course to meet the target of gender parity in primary education.

– Data not available.

Source: Progress for Children: A report card on gender parity and primary education.



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OIC have generally high levels of school enrolment, but in some countries of the subregion, the problem of gender disparity has proved persistent and girls' rate of participation remains among the lowest in the world.

Gender disparity in education exists because of poverty, entrenched cultural traditions, gender bias within families, the prevalence of child labour, a shortage of adequate facilities and trained teachers, and a dearth of female role models in rural and poor urban communities. These obstacles will not be easy to overcome. Impressively, a number of Arab members of the OIC have succeeded in narrowing the gap. In Bahrain, Jordan, Lebanon, Oman and the Occupied Palestinian Territory, girls outnumber boys in primary school; Bangladesh and Turkey are both set to achieve gender parity by the end of 2005.

Yet the gender gap in many OIC countries, especially in sub-Saharan Africa, remains alarming. The nine countries with the lowest ratios of girls' to boys' primary net enrolment/attendance are Yemen (60 girls per 100 boys), Chad (67/100), Niger (68/100), Burkina Faso and Guinea-Bissau (both 71/100), Mali (72/100), Côte d'Ivoire (73/100), Benin (77/100) and Guinea (78/100).

In December 2002, in response to the persistent crisis in gender parity, UNICEF launched a major initiative called '25 by 2005', designed to accelerate girls' education in a selected group of 25 countries by the year 2005. The initiative is a close alliance of national governments, donors and other partners to mobilize resources, build broad national consensus and help make schools more hospitable to girls. Criteria for selection included girls' school enrolment

rates of less than 70 per cent; a disparity of 10 percentage points between boys' and girls' primary school enrolment; more than 1 million girls out of school; and the presence of conflict or HIV/AIDS. Of the countries included in the initiative, 13 belong to the OIC. Since the programme was initiated, improvements have been seen in Afghanistan, Bangladesh, Nigeria and Pakistan.<sup>17</sup>

### Mobilizing resources for quality education

A number of OIC countries have effectively mobilized resources in pursuit of the education goals, even exceeding the developing country average of 10 per cent of central government expenditures allocated to education. The Arab OIC subregion spends an average of 17 per cent on education, with figures ranging as high as 24 per cent in Algeria, 22 per cent in Yemen and 20 per cent in Tunisia. Malaysia allocates 23 per cent of government expenditures to education and Kyrgyzstan 20 per cent. Despite their crushing poverty and low enrolment figures, a number of countries in sub-Saharan Africa, including Benin, Côte d'Ivoire, Mauritania and Togo, also allocate 20 per cent or more to their education budgets.

The Convention on the Rights of the Child states that primary education should be free, universal and compulsory. Eliminating or reducing school fees is a key factor in getting more children into school, and several governments have taken steps to abolish or reduce fees, often including specific measures to favour girls. Bangladesh, for example, has established free education for all children at the primary level and has introduced a nationwide stipend programme for girls through the secondary level. Sierra Leone has also eliminated all school fees in primary schools, including examination fees, and offers scholarships for girls advancing to the secondary level.

Other OIC governments have pursued these goals through a variety of legal and institutional reforms and policies. As part of its 2003 Law on Basic Education, Indonesia has set a national goal of nine years of free and compulsory basic education, and its Education for All Plan of

Action has been updated to emphasize gender issues. The Egyptian Government's Girls' Education Initiative, now in its second phase, has established 456 'girl-friendly schools'. Saudi Arabia has merged formerly gender-differentiated departments within its Ministry of Education, and Senegal and Uganda have placed girls' education at the top of national policy agendas.

Kazakhstan's National Programme on the Education System for 2005–2010, signed by the President, increases funding for education and focuses on life skills education, child-centred, inclusive and participatory teaching methods, and the revitalization of the preschool sector. In Uzbekistan, a presidential decree has been issued to reform the basic education system, focusing on children's healthy development, while an innovative Family Education Initiative, under the direction of the Cabinet of Ministers, has shown concrete results in improving child-care practices at the community level.

### Educating girls in Afghanistan

In March 2002, after two decades of war and violence, 3 million Afghan children returned to school. Yet only one third of these children were girls — a disparity which, if not addressed, would pose a serious threat to Afghanistan's long-term development.

Efforts are being made to address the disparity, including a back-to-school campaign in November 2003 followed by an accelerated learning programme for 75,000 girls and the installation in 2003 of safe water points in 2,500 schools and latrines in another 1,400 schools. Accompanying public health campaigns involve teachers, public health workers and imams under the rubric 'Panj Pak' or 'Five Cleans': clean hands, latrines, water, environment and food. A June 2004 campaign reached 339,700 students, 150,460 families and 346,000 worshippers in Kabul's mosques.

Health, sanitation and education are inextricably related, and decent sanitation facilities, separate for girls and boys, are urgently needed. The goal of gender parity in Afghanistan is further threatened by a shortage of women teachers and an unstable security situation, including the burning of girls' schools.

School enrolment, especially for girls, has increased three years in a row, but only about half of children aged 7–12 are enrolled in or attend school. Boys still far outnumber girls in the classroom; for every 100 boys, only about 60 girls attend school. In 9 of Afghanistan's 34 provinces, 80 per cent of girls are not enrolled, and in two provinces, that figure reaches 99 per cent.

**Source:** UNICEF Afghanistan, *Annual Reports 2003 and 2004*.





4



# CHILD PROTECTION

*Children have a right to be protected from all forms of abuse, neglect, exploitation and violence. Societies must eliminate all forms of violence against children. Accordingly, we resolve to: protect children from all forms of abuse, neglect, exploitation and violence; protect children from the impact of armed conflict; protect children from all forms of sexual exploitation, including paedophilia, trafficking and abduction; take immediate and effective measures to eliminate the worst forms of child labour as defined by ILO [International Labour Organization] Convention 182; improve the plight of millions of children who live under especially difficult circumstances.*

—‘A World Fit for Children’, paragraph 43

## The challenge of protection

The protection of children is a paramount concern of Islam, as well as of international human rights law. Yet the abuse and exploitation of children, together with the myriad forms of violence they encounter, may constitute one of the most challenging problems facing OIC members today. The issues are multifaceted and will require governments to combat threats emanating from many different directions.

Hundreds of millions of children worldwide are victimized by war, violence, exploitation, neglect and other forms of abuse and discrimination. They are children permanently disabled or seriously injured by armed conflict; internally displaced or driven from their countries as refugees; exposed to hazardous and unsafe forms of labour; or exploited, abducted and trafficked for commercial purposes, often including sex. Less visibly, millions more children face a climate of violence at home, as well as in schools, on the streets, in residential and care institutions,

and in detention facilities, prisons and other parts of the juvenile justice system. Children of migrant families, indigenous children and minority children may be additionally vulnerable.

The true extent of child abuse, exploitation and violence is often concealed because of a lack of empirical data or clear evidence of national or regional trends, and because of the silence and stigma surrounding the issues.

With this in mind, in February 2003 the UN Secretary-General named independent expert Paulo Sergio Pinheiro to lead a global study on the prevalence, nature and causes of violence against children. As part of this process, governments have been invited to respond to questionnaires, and a broad call has gone out for academic institutions, community groups and non-governmental organizations (NGOs) to submit relevant data and analysis. Regional and subregional consultations are being held with the participation of both governments and civil society; Egypt hosted a regional meeting in June 2005.

A number of OIC countries have already taken part in studies that will deepen an understanding of the problem. For example, a study in Pakistan has found corporal punishment to be a significant factor in children dropping out of school, and some provincial governments have embarked on legislative efforts to ban the practice in schools and impose sanctions on offenders.<sup>18</sup> Algeria, Djibouti, Morocco, the Occupied Palestinian Territory, the Syrian Arab Republic, Tunisia and Yemen have taken part in a multi-country project on school violence supported by UNICEF, while the Government of Lebanon has done so in cooperation with Save the Children, Sweden.<sup>19</sup>

## Breaking the silence about violence

Efforts by Arab OIC countries in 2004 are indicative of a more general willingness to confront issues like violence, child abuse and sexual exploitation that have long been taboo. Experiences and statistics are now being shared among countries, and there is an unprecedented openness in the media to discuss the impact of such issues on children and families.

**Oman** held its first national workshop on child abuse and neglect, enriched by comparative experiences in Bahrain, Egypt and Jordan.

Two high-level conferences in the **Syrian Arab Republic** dealt with child abuse, violence against children, juvenile delinquency, sexual exploitation and the care of children with special needs. The conferences paved the way for general agreement to prepare a National Plan of Action.

**Saudi Arabia** held a groundbreaking consultation on child abuse, exploitation and violence, in which government officials, health professionals and representatives of civil society — religious groups, NGOs, universities and human rights organizations — presented findings on patterns of abuse, exploitation and violence; the consultation is expected to lead to a project on combating child trafficking.

In **Yemen**, parliament has held extensive debates on human trafficking between Yemen and Saudi Arabia, and in **Egypt** a national plan for the protection and rehabilitation of street children has been developed.

**Source:** UNICEF Country Offices' Annual Reports, 2004.

### Birth registration

A child's right to acquire a name and nationality, and to know and be cared for by his or her parents, is established under Article 7 of the Convention on the Rights of the Child. The denial of this fundamental right may have drastic consequences.

Children need official evidence of their identity in order to access such essential public services as education and immunization. In some countries children cannot go to school or be vaccinated without legal proof of birth. An official birth certificate and other identity documents offer protection against a wide range of abuses, including early marriage, child labour, premature enlistment in the armed forces and (if accused of a crime) prosecution as an adult. Birth registration can also facilitate family reunification in

emergency or conflict situations, and it can act as a disincentive to child trafficking.

In planning service provision for children and their caregivers, it is essential for governments to have accurate data on population collected through birth registration systems. But in many parts of the world, birth registration is anything but routine. In sub-Saharan Africa and South Asia, for example, more than half of births go unregistered.<sup>20</sup> In the most extreme cases, birth registration can be as low as 7 per cent in Bangladesh and 10 per cent in Afghanistan. On a more encouraging note, a birth registration campaign in Afghanistan in 2003 soon expanded to reach 1.8 million children and has the potential to grow into a community-based registration system by 2005.

In all countries where birth registration is less than universal, governments are encouraged to make it a priority to promote more effective registration systems, raise public awareness of the importance of birth registration, and ensure the equitable registration of both boys and girls and of children in disadvantaged groups.

### Protection against armed conflict

War has always dealt cruelly with the innocent, but the nature of violent conflict in the world today has changed in ways that take an even greater toll on women and children. The proportion of civilian casualties in armed conflicts worldwide has increased dramatically, and it is now estimated that civilians have comprised 90 per cent of all casualties since 1990; about 80 per cent of these have been children and women.<sup>21</sup> An estimated 20 million children live as refugees or internally displaced persons.<sup>22</sup> Women and girls are extremely vulnerable to violence, sexual abuse and exploitation, with a consequent risk of HIV/AIDS and other sexually transmitted diseases.

Around the world, hundreds of thousands of boys and girls under the age of 18 are directly involved in conflicts as combatants, messengers, porters, cooks or providers of sexual services. Some have been abducted or recruited by force; others are driven to enlist by poverty,

abuse or discrimination. These children routinely experience emotional and psychological trauma.

Since Graça Machel's first report on protecting children in armed conflict was unveiled in 1996, international law has made significant advances in addressing the issue, expanding the existing provisions of the Geneva Conventions. The International Labour Organization's Convention 182, 'Worst Forms of Child Labour', is the first to define the forced recruitment of children for use in armed conflict as a form of child labour and has been unanimously adopted by all ILO member states (although many have not yet ratified it). The Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict has been ratified by 98 states, including 23 OIC states; and the 2002 Rome Statute of the International Criminal Court defining the conscription, enlistment or use of children under 15 in hostilities as a war crime has been ratified by 99 states, including 17 OIC states (an additional 20 OIC states are signatories).

The ratification of these international agreements and the implementation of their provisions by OIC governments are essential first steps. These laws are not sufficient, however, to stop conflict, to humanize its conduct or to deal with its aftermath.

In Afghanistan, Iraq, the Occupied Palestinian Territory and Sudan, the return to school (or in some cases the first school experience of a child's life) has increasingly been seen as a priority even while violent conflict is ongoing. Schools not only provide physical protection for children — a 'safe space' — they can also inject a sense of normalcy and stability into their lives.

UNICEF has been supporting efforts in several OIC countries to reintegrate former child soldiers into a safe and productive civilian life. In Somalia, for instance, former combatants have benefited from a six-month period of vocational training, along with counselling and training in conflict resolution.

The Truth and Reconciliation Commission in Sierra Leone has paid special attention to children affected by that country's violent

internal conflict. Beginning in June 2003, the commission held public hearings on children's wartime experiences. Many children testified, some by video in order to protect their identities. Recommendations from children were included in the commission's final report in 2004, and a child-friendly version of the report was published — the first of its kind in the world. More than 100 children from three national children's networks took part in its drafting.

### **Protection against sexual exploitation**

Sharia, like international human rights law, regards sexual violence and abuse as among the gravest of offences.<sup>23</sup> Children may be victimized by sexual exploitation in myriad ways — in conflict situations, in refugee camps, in the workplace, at home and in school. In recent years, cross-border trafficking has reached epidemic proportions, with children pressed into work in farms and sweatshops, forced into domestic servitude, or — most perniciously — sucked into the multibillion-dollar commercial sex industry.

The Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography entered into force in January 2002 and has now been ratified by 29 OIC states. A priority is for all other OIC governments to ratify and implement its provisions without delay.

The first important steps in combating the sexual exploitation of children in any country are to acknowledge that the problem exists and to make a preliminary assessment of its magnitude. Arab and African governments have now come together twice in Rabat (Morocco) for two conferences on sexual exploitation, the first in October 2001 and the second in December 2004.

At the national level, assessments of the problem have been made in Cameroon, Gambia, Guinea, Malaysia, Saudi Arabia, Senegal and Yemen. Gambia has also developed a rapid-response programme to combat sex tourism.

Several OIC countries, including Albania, Azerbaijan, Bangladesh, Burkina Faso and

## Protecting children in armed conflict

All national governments, as well as the international community, are called upon to:

- Consider the impact on children before engaging in conflict, and allow for the protection of children and women during conflict.
- End the recruitment of child soldiers.
- Strengthen the protective environment for children at every level, from the family right through to the level of national and international laws.
- Prevent conflict by addressing the underlying causes of violence and investing more resources in mediation and conflict resolution.
- Make monitoring and reporting on child rights violations in conflict zones a priority, including gathering reliable data on children who are actively involved in armed conflict.
- Expand demobilization and mine-awareness campaigns.
- Restart education for children caught up in armed conflict as soon as possible.
- Enhance the capacity of humanitarian agencies to respond to conflicts by developing early warning systems and better preparedness.
- Combat poverty and HIV/AIDS, which interact with conflict to magnify its negative impact on childhood.

**Source:** Summarized from *The State of the World's Children 2005*, p. 39.

Nigeria, have developed national plans to fight human trafficking. Azerbaijan has established a Department for the Fight against Trafficking in Human Beings within the Ministry of the Interior, appointing a national coordinator to direct the effort. Nigeria has set up a National Agency for the Prohibition of Trafficking in Persons, and NGOs support a number of community-watch systems in the Edo and Delta states that track and report on child trafficking and work towards the rehabilitation of victims.

Benin, Burkina Faso and Nigeria adopted anti-trafficking legislation in 2003. But much more can be done to strengthen the legal framework governing the sexual abuse and exploitation of children.

Sexual abuse runs counter to Islamic teaching. The subject may be difficult to address candidly, however, as Lebanon commented in its second periodic report to the Committee of the Convention on the Rights of the Child:

*“Sexual matters ... are as much shrouded in secrecy as they are a forbidden subject of discussion. In the cases of violence and sexual exploitation ... it is not surprising that children should be the prime victims twice over: first of all, victims of the assault itself and secondly, victims of the repression and silence about the subject ...”*

## Child marriage

Girls' early marriage is associated with dramatically increased health risks, as well as increased school dropout rates, exploitation and the denial of opportunities for play and recreation. Contrary to a common belief, Islamic jurisprudence does not specify the age of marriage. It does make a distinction between coming of age as a biological fact and maturity as a mental ability to judge things reasonably. It is the latter that determines whether an individual can take on the responsibility of marriage, which clearly makes child marriage unacceptable under Islam.<sup>24</sup>

Despite a decline in the number of child marriages, the minimum marriageable age in many OIC countries is still below 18 and generally lower for girls than for boys.<sup>25</sup> In some regions, parents encourage or force their minor daughters into marriage in order to avoid sexual misbehaviour or to be relieved of having to support them economically.<sup>26</sup> Poverty, illiteracy and the lack of a birth certificate are other factors preventing girls from exercising an informed choice.

## Child labour

Child labour is linked to family poverty; it deprives children of educational opportunities and often exposes them to hazardous and unsafe conditions. It remains a pervasive problem in the OIC, as it is all over the world.

In Afghanistan, more than 30 per cent of children aged 7–14 work, with at least 40,000



children on the streets of Kabul alone. Children as young as seven form part of the cotton-production labour force in the Central Asian republics.<sup>27</sup> In the most impoverished countries of sub-Saharan Africa, such as Burkina Faso, Chad, Guinea-Bissau, Niger and Togo, half of all children aged 5–14 are involved in labour.

A recent study by the Swiss Institut Universitaire d'Etudes du Développement found a steady increase in the number of children under 18 working in the Occupied Palestinian Territory, from 10 per cent in November 2001 to 23 per cent in July 2003.

The tenets of Islam place responsibility with the family for discouraging child labour, and with the state for enacting minimum-working-age legislation.<sup>28</sup> Over the past decade, several Arab OIC countries have enacted legal reforms in line with the demands of ILO Convention 138, which urges states to progressively raise the minimum age for employment “to a level consistent with the fullest physical and mental development of young persons.” Lebanon has raised the minimum age for employment from 8 to 13; Egypt has set the minimum age at 14, Morocco at 15, and Tunisia at 16, corresponding to the end of compulsory schooling in those countries.<sup>29</sup>

### Female genital mutilation/cutting

Female genital mutilation/cutting (FGM/C) is the partial or total removal of the female external genitalia and/or injuries to the female genital organs for cultural or other non-therapeutic reasons. Between 100 million and 130 million women and girls in at least 30 countries in Africa and the Middle East, many of them OIC members, have undergone the procedure. It is generally carried out on girls aged 4–12, though it may occur as early as a few days after birth or as late as just prior to marriage or after a woman's first pregnancy.

A violation of a child's rights, FGM/C is a physically and psychologically harmful act with lifelong and often irreversible consequences for a woman's health and well-being. There is a common misconception that links the practice with Islamic beliefs. But ancient and contemporary Muslim scholars agree that there is no

mention of it in the Koran and no basis for it in Islamic law.<sup>30</sup>

As of 2003, the prevalence of FGM/C was essentially unchanged from a decade earlier. But a generational shift may be occurring, with the prevalence of the practice among girls in a number of African and Arab OIC countries being lower than among their mothers. One factor contributing to this trend is that educated mothers are much less likely to have their daughters undergo FGM/C.

Efforts to end the practice are under way in Burkina Faso, Djibouti, Egypt, Senegal, Sudan and Uganda. Burkina Faso has incorporated a ban on FGM/C into its draft Constitution, and the practice is punishable with up to 10 years' imprisonment. In Egypt, the National Council on Childhood and Motherhood has taken the lead in a national campaign with the participation of religious authorities to raise awareness at the community level of the importance of ending FGM/C; two thirds of religious leaders and physicians oppose the practice. In Sudan, some 90 imams have actively campaigned against FGM/C.

A series of international agreements and declarations has begun to build a framework for government efforts. These include the Cairo Declaration on Legal Tools for the Prevention of Female Genital Mutilation (June 2003) and the Maputo Protocol (July 2003) — adopted by 53 Heads of State of the African Union and now ratified by 10 African governments — which in article 5 prohibits and condemns the practice. A subregional conference hosted by the Djibouti Government in February 2005 on the elimination of FGM/C adopted by consensus a final declaration urging African and Arab governments to take legal steps to eliminate the practice.

Ending FGM/C is crucial to reaching two of the MDGs: improving maternal health and promoting gender equality. The UN Special Session on Children in 2002 set the goal of ending the practice by 2010, but that target is unlikely to be met without strong government commitment and leadership.



5

# COMBATING HIV/AIDS

*The HIV/AIDS pandemic is having a devastating effect on children and those who provide and care for them. This includes the 13 million children orphaned by AIDS, the nearly 600,000 infants infected every year through mother-to-child transmission and the millions of HIV-positive young people living with the stigma of HIV but without access to adequate counselling, care and support.*

— 'A World Fit for Children', paragraph 45.

In endorsing the Millennium Development Goals, UN member states pledged to halt and begin to reverse the spread of HIV/AIDS by 2015. But that goal is seriously off track, with infection rates continuing to rise in many parts of the world.<sup>31</sup>

In many countries, AIDS threatens to turn back decades of progress in reducing the toll of death and disease. In 2004, an estimated 3.1 million people died of the disease and 4.9 million were infected, including 640,000 children under 15. As the pandemic has spread, it has thrived on a lethal combination of poverty, armed conflict, population displacement and exploitation. At the end of 2004, more than 60 per cent of the world population living with HIV/AIDS were in sub-Saharan Africa.<sup>32</sup>

Children have been massively victimized by the spread of the virus. Without swift and decisive action to stem the tidal wave of infection and loss, it is estimated that by 2010 more than 18 million African children will have lost one or both parents to HIV/AIDS. The number of 'double orphans' — those who have lost both parents — will increase by about 2 million over the same period. Millions more live in households with sick and dying family members. These children are likely to be chronically malnourished and deprived of educational opportunities.<sup>33</sup>

## Rates of prevalence

At the end of 2003, African OIC countries accounted for 7.9 million adult HIV cases — one fifth of the global total. Of these, 4.1 million were women. Mozambique was the worst-affected country, with an adult infection rate of 12.2 per cent (see Table 8). Among those aged 15–24, the infection rate among women was three times higher than for men.<sup>34</sup>

At the end of 2003, about 5.4 per cent of the adult population of African OIC countries was living with HIV. Infection rates in Arab and Asian OIC countries were much lower, at 0.3 per cent and 0.1 per cent, respectively, although these figures should be considered with a certain amount of caution. In some of the largest Asian countries, such as Indonesia and Pakistan, the HIV/AIDS epidemic has just begun.<sup>35</sup>

True levels of infection may be masked by a lack of data or insufficient levels of reporting and monitoring, especially in high-risk groups. In several countries in which the overall incidence of HIV/AIDS is estimated to be low, such as Bangladesh, Indonesia and the Central Asian republics, there is particular concern over concentrated epidemics among specific populations, including intravenous drug users and sex workers. Intravenous drug use is the main force driving the spread of AIDS in the Central Asian republics and may also be a growing mode of transmission in some African countries.<sup>36</sup>

## Knowledge and behaviour

Preventing the spread of HIV/AIDS fundamentally depends on education and information, and a key objective of government policies should be to guarantee that children and young people have access to information on how to protect



themselves. Above all, it is vital for those most at risk to have accurate knowledge about the means by which the virus is transmitted.

## Orphans and vulnerable children

*“Right graciously did her Lord accept her [Mary]. He made her grow in purity and beauty. To the care of Zakiriya was she assigned ...”*

—Sura Al-Imran, verse 37

*“Seest thou one who denies the judgment [to come]? Then such is the [man] who repulses the orphan [with harshness] and encourages not the feeding of the indigent.”*

—Sura Maun, verses 1–3

The phenomenon of orphans is a tragic consequence of AIDS, at its most striking in sub-Saharan Africa. In 2003, 5.2 million children of sub-Saharan Africa became orphans, 800,000 of them in Nigeria alone. These numbers are certain to continue to rise for at least the next decade.<sup>37</sup>

Two special sessions of the UN General Assembly — one on HIV/AIDS in June 2001 and the other

on children in May 2002 — recognized that children and orphans affected by AIDS require special forms of assistance. These sessions noted that a response to orphans and vulnerable children will not be effective unless it takes into account the particular needs of the child at each stage of physical, cognitive, emotional and psychosocial development. And to avoid the risk of stigma, an effective response should not be limited to the individual child but should include the entire community.

By the end of 2003, however, only 17 countries around the world with generalized epidemics had a national policy for orphans and vulnerable children to guide their strategic decision-making and resource allocation.<sup>38</sup>

The outcome of these two special sessions was a Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS. It was endorsed by the UNAIDS Committee of Cosponsoring Organizations in March 2004.

Providing support for orphans and other children made vulnerable by AIDS must become a

**Table 8: Estimated prevalence of HIV/AIDS in OIC countries where prevalence is highest**

Country	Adult prevalence (15–49 years) (%)	Adults and children 0–49 living with HIV	Children 0–17 orphaned by AIDS	Children 0–17 orphaned from all causes
Mozambique	12.2	1,300,000	470,000	1,500,000
Gabon	8.1	48,000	14,000	57,000
Côte d'Ivoire	7.0	570,000	310,000	940,000
Cameroon	6.9	560,000	240,000	930,000
Nigeria	5.4	3,600,000	1,800,000	7,000,000
Chad	4.8	200,000	96,000	500,000
Burkina Faso	4.2	300,000	260,000	830,000
Togo	4.1	110,000	54,000	240,000
Uganda	4.1	530,000	940,000	2,000,000
<b>Regional averages</b>				
African OIC	5.4	7,900,000	–	–
Arab OIC	0.3	600,000	–	–
Asian/other OIC	0.1	480,000	–	–
Total OIC	1.2	9,000,000	–	–
World	1.1	37,800,000	–	–

– Data not available.

**Source:** *The State of the World's Children 2005*, Table 4, with additional calculations by UNICEF. Estimations are for year-end 2003.



priority among OIC countries; adequate funding must be found and programmes designed to reflect the complex character of the AIDS burden on children. Closing the gap between what has been done and what needs to be done will require concerted action by governments, donors, NGOs, faith-based organizations, the private sector and community groups.

### Strategies for combating HIV/AIDS

The mainstay of the global response to HIV/AIDS must be prevention, with a special emphasis on young people aged 15–24 and those who are most vulnerable, including orphans and other children directly affected by the disease. Many OIC governments have demonstrated a high degree of political commitment to the fight against HIV/AIDS. Among sub-Saharan African countries, high levels of public awareness in Uganda are reflected in an adult HIV infection rate of 4.1 per cent. Though still distressingly high, the rate is lower than that in many of Uganda's neighbours.<sup>39</sup>

National plans or strategies to combat HIV/AIDS have recently been put in place in Albania, Gambia, Indonesia, Kyrgyzstan, Lebanon, Tajikistan and Turkey. Mozambique recently embarked on its second five-year National Strategic Plan (2005–2009), with expanded voluntary testing and counselling.

Lebanon's five-year National Strategic Plan to combat HIV/AIDS seeks to address distinctive aspects of the country's reality, including the high numbers of migrants to and from high-risk areas; the early start of sexual activity among young people; the infrequency of condom use; the increase in tourism and transient business, including the young age of sex workers; and the sharp increase in drug abuse.

Mali has established the National High Council to Fight Against AIDS under presidential authority with funding from the World Bank, the African Development Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Sudan has initiated a national Youth Plan of Action designed to meet the 'World Fit for Children' goals, while the Syrian

Arab Republic has developed a National Communication Strategy on HIV/AIDS.

Several Arab and Islamic governments have recognized that a greater flow of public information, debate and education will be critical in holding down infection rates. In Jordan, whose strategy relies heavily on peer education, there is a greater willingness to discuss the threat posed by HIV/AIDS, its link to sexual behaviour among young people and the dangers of under-reporting the extent of the disease. The Islamic Republic of Iran has developed a prevention and communication strategy for children aged 10–18 and has incorporated information about HIV/AIDS into school curricula. Yemen has focused efforts to spread awareness among educators, scouts and sports club leaders, and women's NGOs.

To align themselves with this expanding openness, some governments could do much more to raise the profile of HIV/AIDS on national policy agendas.

The rights of children must be at the heart of the response to HIV and AIDS, and children, regardless of gender, should be given every opportunity to participate directly and actively in planning, implementing and monitoring strategies to combat AIDS.<sup>40</sup>

### The central role of religious leaders in HIV/AIDS prevention

Because they are so highly respected within their communities, religious leaders are essential actors in responding to HIV/AIDS. Their ability to shape social values, attitudes and norms is critical to ending stigma and discrimination related to HIV/AIDS. They are also well positioned to influence public policies related to HIV/AIDS.

The Cairo Declaration of Religious Leaders in Arab States in Response to the HIV/AIDS Epidemic is a product of discussion and unanimous agreement among Muslim and Christian leaders meeting in Cairo in 2004. Signed by 80 religious leaders, it begins: "We, the Muslim and Christian leaders, working in the field of HIV/AIDS in the Arab World ... face the imminent danger of the HIV/AIDS epidemic and have a great responsibility and duty that demands urgent action." (See Annex 4 for the complete text of the declaration.)







# ARE WE FULFILLING OUR COMMITMENT TO CHILDREN?

## Investing in children

'A World Fit for Children' sought not merely "to complete the unfinished agenda of the World Summit for Children," but to do so in ways that were concrete, effective and sustainable, based less on high-sounding declarations of principle than on practical, creative means of orchestrating the work of government, forging new partnerships with civil society and mobilizing additional resources, both public and private. In the Plan of Action, governments promised to integrate goals in four areas — promoting healthy lives; providing quality education; protecting children against abuse, violence and exploitation; and combating HIV/AIDS — into "national government policies as well as national and subnational development programmes, poverty eradication strategies, multisectoral approaches and other relevant development plans."

These goals are eminently achievable and clearly affordable. The challenge is how to marshal and channel the additional resources that are required, in ways that secure the needs and rights of children as a central priority in each nation's development efforts.

The primary responsibility for achieving the goals lies with each individual country and will require governments to step up spending; in the majority of OIC countries, current levels of expenditure on children and on basic social services are far below adequate.

An enabling international environment is also essential. It will entail a progressive increase in donor governments' overseas development assistance to 0.7 per cent of gross national product, with 20 per cent of their foreign aid going towards basic social services, notably health and education. And government

expenditures should be targeted towards implementing 'gender-responsive budgeting', channelling resources as a priority to benefit women and girls.

The responsibility of industrialized countries to provide agreed-upon levels of official development assistance must be constantly re-emphasized. But there is also a pressing need for solidarity within and between the nations of the OIC, in light of their extraordinary diversity of wealth and resources — especially in regard to sub-Saharan Africa, where the need is most critical. Some countries have indeed benefited from resource transfers from within the OIC group of countries, but such transfers remain modest in comparison with both the magnitude of the needs and the potential for enhanced aid levels. Furthermore, the bulk of this aid has not been directed to basic social services and to children's needs.

## Follow-up mechanisms

In endorsing 'A World Fit for Children', governments agreed on concrete steps to secure children's well-being and protect their rights. A variety of options were contemplated, including new national legislation, policies, budgetary allocations and national plans of action.

To date, national plans of action have been completed in 12 OIC countries, although few of these have budgets attached. Another 21 countries are in the process of developing such plans (*see Annex 2*).

In addition, a significant number of governments have prepared Poverty Reduction Strategy Papers or other national poverty-reduction strategies designed to help achieve the Millennium Development Goals. Where these exist, it is

vital to ensure that they focus squarely on the interests of children.

A number of countries deserve special credit in that regard. The budget for Senegal's Poverty Reduction Strategy Paper includes funding for the elimination of child labour, the care and supervision of children at risk, the establishment of child-feeding centres and the rehabilitation of juvenile offenders. Kyrgyzstan has agreed on a concrete plan of action to reduce child poverty as the centrepiece of the next phase of its National Poverty Reduction Strategy.

There have been a number of important regional initiatives, including the adoption at the OIC Meeting of Foreign Ministers in 2004 of a resolution on Child Care and Protection in the Islamic World, building on a series of resolutions passed at earlier Islamic summits (see *Annex 3*). The Second High-Level Arab Conference on Child's Rights, hosted by Egypt in 2001, led to a Second Arab Plan of Action on the Child for 2004–2015, which was approved by the Third Arab Conference in Tunis in 2004.

At subregional workshops in 2004 in Bahrain and Qatar, respectively, the Gulf States resolved to make the fight against HIV and AIDS a regional development priority and to address the need for human rights education in their school systems.

In March 2004, Indonesia hosted the first Regional Conference on Trafficking of Children for Sexual Purposes, while bilateral agreements to fight child trafficking were concluded between a number of OIC members and neighbouring countries. Trilateral meetings involving Indonesia, Malaysia and the Philippines sought to develop a joint regional plan to combat cross-border trafficking.

### **Ratification of the Convention on the Rights of the Child and Optional Protocols**

'A World Fit for Children' urged all states to fully implement their obligations under the Convention, to sign and ratify its Optional Protocols and to withdraw reservations incompatible with the Convention's object and purpose.<sup>41</sup>

A number of OIC countries have entered general reservations to the Convention, including the Islamic Republic of Iran, which generally cited "articles and provisions which may be contrary to the Islamic sharia"; Qatar, which expressed reservations to "provisions incompatible with Islamic law"; and Saudi Arabia, with reservations to "all such articles as are in conflict with the provisions of Islamic law." The Committee on the Rights of the Child has expressed the concern that such blanket reservations may be antithetical to the object and purpose of the Convention.

More Islamic nations have entered reservations to specific provisions of the Convention, such as Article 14, which guarantees "the right of the child to freedom of thought, conscience and religion," and Articles 20 and 21, which deal with various forms of alternative care and adoption. Article 14 has drawn a greater number of reservations and declarations than any other — from 14 states in all, most of them members of the OIC.

Recently, however, there has been a welcome trend towards the withdrawal of reservations. Egypt has lifted its reservations to Articles 20 and 21 of the Convention, while ratifying both Optional Protocols. Indonesia has withdrawn its reservations to Convention Articles 1, 14, 16, 17, 21, 22 and 29 and has signed (but not ratified) the two Optional Protocols. Malaysia and Tunisia have also withdrawn reservations. These are positive steps that can be emulated by all States parties to the Convention.

### **National legal reform**

Ensuring that national law is fully compatible with treaty standards is one of the first steps a state should take to comply with its obligations on human rights instruments. For the rule of law to be a reality, in other words, the law as announced and the law as applied must be one and the same.

The general will to meet this challenge is clear. For example, delegates to the Second Arab-African Forum against the Sexual Exploitation and Abuse of Children, held in Rabat (Morocco) in December 2004, noted that it was time to



translate into action the commitments to end the sexual exploitation and abuse of children. Many delegates expressed concern about some states' inability to implement international instruments in this area.<sup>42</sup>

The majority of OIC countries have initiated a legislative reform process — restructuring existing laws, drafting new ones, or both — to implement their treaty obligations under the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

Since 1990, Egypt, the Libyan Arab Jamahiriya and Tunisia, for example, have adopted comprehensive laws on children. Tunisia's Child Protection Code, adopted in 1995, recognizes the general principles set forth in the Convention on the Rights of the Child, as well as other rights not recognized in the Convention, including children's right to legal representation in non-criminal proceedings. It contains standards and procedures concerning juvenile justice, and the protection of children against neglect, abuse and exploitation. Tunisia also adopted important new legislation in such areas as education and family life.

Egypt adopted a Children's Code in 1996, and the Libyan Arab Jamahiriya produced a Child Protection Act in 1997. The Egyptian law, which was prepared by the National Council for Childhood and Motherhood, regulates the duties and functions of institutions that provide services to children and juvenile justice. The Libyan Act consolidated, and in some cases modified, the provisions of laws already in force, including those related to criminal procedure, social security, civil status, compulsory education and labour. The act also regulates children's right to participate in cultural activities.

In Turkey, a revision of the Civil Code raised the minimum age for girls' marriage to 17 and granted illegitimate children the same rights as all others. Other reforms lifted restrictions on freedom of expression and placed honour killings on a par with other forms of murder.

Many African and Asian countries have focused their legal reform process on child protection, and particularly on juvenile justice and child

trafficking. In addition, many countries have enacted child-centred legal reforms in the areas of family and civil law. There have also been a variety of legislative initiatives in specific areas affecting children's health and welfare, such as birth registration and affordable anti-retroviral medication, and numerous laws have been passed to address the problem of iodine deficiency by boosting the production and consumption of iodized salt.

*Noteworthy areas of reform include:*

- **Family law:** There have been significant reforms in Egypt, the Libyan Arab Jamahiriya, Morocco and Tunisia, commonly involving an increased recognition of children's right to be raised in a family environment. Tunisia's Personal Status Code, for example, was amended in 1993 to recognize the principle of joint responsibility of spouses in caring for and exercising guardianship rights over their children.
- **Birth registration:** In all countries where birth registration is less than universal, governments should make it a priority to promote more effective registration systems, raise public awareness of its importance, ensure equitable registration rates for boys and girls, and focus on the registration of children in disadvantaged groups. A broad partnership in Senegal, for example, is ensuring birth registration of newborns at the village level through the training of birth registration officials and village chiefs; efforts in Cameroon involve community leaders.
- **Laws on education:** Bangladesh, Burkina Faso, Lebanon, Jordan, Morocco, Nigeria, Pakistan, Sudan, Syrian Arab Republic, Togo and Tunisia are among the countries that have enacted or amended education laws to align them with child rights standards. Many of these laws raise the age covered by compulsory education, or 'school-leaving age'. The school-leaving age was raised in Burkina Faso (to 16), Jordan (to 17), Sudan (from six years of compulsory education to eight), the Syrian Arab Republic (from six years to nine) and Yemen (also from six years to nine). For the first time, Lebanon adopted legislation mak-

ing school attendance obligatory (until age 12).

- **Harmful traditional practices:** Several African and Asian countries have adopted or strengthened legislation criminalizing such harmful traditional practices as child marriage, infanticide and son preference, abortions based on fetal sex screening, and female genital mutilation/cutting. Such reforms are under way in Burkina Faso, Jordan, Togo and other countries.
- **Juvenile justice:** Codes have undergone extensive revisions in Afghanistan, Morocco and Tunisia. In Nigeria and Pakistan, such legislation has been adopted at the federal or central level, although implementation will require additional legislative and other action at the state or provincial level. As in all countries, such reforms need to be put into effective practice.
- **Honour killing:** Azerbaijan, Nigeria, Turkey and Uganda co-sponsored a resolution titled ‘Working toward the elimination of crimes against women and girls committed in the name of honour’, adopted by the UN General Assembly in December 2004. Turkey in particular has marshalled efforts

to have the issue addressed at national and international levels.

### Institutional reform

The process of reform — of moving from words to deeds — is slow and painstaking, requiring political will. To achieve the goals for children, governments are urged to create the kind of permanent institutional structures that will guarantee full implementation of the Convention on the Rights of the Child, monitor and enforce child rights, ensure the coordination of all relevant activities and incorporate child protection principles into every aspect of the process. Good governance is fundamental, including the correction of any institutional weaknesses that stand in the way.

In the three years since the Special Session on Children, OIC governments have adopted a variety of plans, policies and strategies to attain the ‘World Fit for Children’ goals and the Millennium Development Goals, thus injecting children’s issues into the mainstream of national development planning. Yet results do not automatically follow. Health, education and gender parity, protection against abuse and violence and the fight against HIV/AIDS are complex and interrelated problems. They cannot be effectively dealt with through individual ministries or sectors of government, but require an integrated response on many fronts at once.

It is essential, too, to ensure sufficient budgetary allocations for ‘A World Fit for Children’ priorities. Social sector ministries may not command the level of resources needed, and National Plans of Action are not always accompanied by a budget. By contrast, a National Poverty Reduction Strategy is likely to carry the weight of the planning and/or finance ministries and thus may be able to leverage greater financial and material resources.

Effective multi-sectoral planning and budgeting may require not only strong political leadership at the highest levels, but also vigorous advocacy efforts by local civil society, NGOs and others outside government. These general principles may be more important than the particular institutional arrangements that are selected.

## Combating honour killing in Pakistan

“Our biggest achievement in the last one decade, after women’s political empowerment through the quota system, is the passage of the law commonly known as the Honour Killing Bill. The Bill stipulates that the crime committed in the name of honour or on the pretext of honour will be considered as a premeditated murder and dealt with accordingly. A minimum penalty for honour crimes is 10 years. Maximum punishment is death or life imprisonment. The Law imposes severe punishments on violations of law in the name of honour and equally applies on incidents like hurt, attempted murder and murder. A national committee on violence against women has been formed to monitor the implementation of this law and has registered 5,000 volunteers, including religious leaders, to combat all forms of gender injustices.”

—Statement by Mrs. Nilofar Bakhtiar, Advisor to the Prime Minister for Women’s Development, at the Review and Appraisal of the Beijing Declaration and Platform for Action and the Outcome Document of the Twenty-Third Special Session of the General Assembly (Beijing +10 Conference: 49th session of the Commission on the Status of Women), United Nations, New York, 2 March 2005

Effective advocacy can be achieved through national councils for children, interministerial or interdepartmental committees, high-level coordination units, and special children's departments in the office of the president, prime minister or cabinet. Where there are institutional weaknesses at the national level, some countries have seen the value in planning and establishing institutional structures at the local, municipal and provincial or state levels — which offer the added advantage of encouraging local stakeholders and civil society to become more invested in the success of the enterprise.

Many countries have found it beneficial to create permanent national councils or commissions on children to bring together relevant ministries and non-governmental organizations focusing on children's issues. Coordinating mechanisms of this kind exist in a number of Arab OIC countries, including Egypt, Lebanon, the Libyan Arab Jamahiriya, the Syrian Arab Republic and Tunisia, as well as in Indonesia through its National Commission for the Protection of Indonesian Children. Sierra Leone plans to establish a National Commission on Children in 2005.

Ideally, such entities should be located at the highest political level in order to elevate children's issues on the national agenda, facilitate collaboration between ministries and sectors, and leverage financial and other resources.

### **An opportunity to deliver on commitments**

At the 10th OIC Summit Conference, leaders called for a renaissance of the umma for the 21st century: an awakening among Muslims, a reaffirmation of Islamic morality, and a rededication of resources in order to rebuild their economic and social lives in accordance with the ideals and principles of Islam.

Such a renaissance must start with children: the 600 million children of the Islamic world. It must start by nurturing in children the values of learning and of striving for excellence in all they do;

by fostering the skills of leadership and creativity and promoting the principles of non-violence and tolerance. This is the spirit envisaged in the UN General Assembly's Special Session on Children in 2002 and the spirit in which world leaders at the Special Session committed to the 'World Fit for Children' priorities.

The challenges are complex. They include fighting poverty, ensuring a free and compulsory education and essential health services for all children, preventing HIV and AIDS, and protecting children in situations of exploitation and vulnerability — including children orphaned by AIDS, affected by war and in conflict with the law.

These challenges call for the mobilization of a large number of ministries, sectors and local administrations. They require effective and exemplary partnerships involving government, NGOs, universities and research institutions, and the civil society. And they require constructive dialogue and sharing of experiences between Islamic countries, cultures and legal systems.

Much progress has been made, but much remains to be done. OIC countries have an opportunity to take important steps towards the eradication of polio, towards a quality education for all girls and boys, and towards bans on early marriage, female genital mutilation/cutting and honour killing, among other issues.

Working together to address these and other issues and meet the goals will make a tremendous difference in children's lives. The need for political will and determination cannot be overstated. It is incumbent upon OIC governments to adopt strong legislation and enforcement mechanisms, implement policies and programmes, and ensure adequate financial commitments for the protection, education and well-being of their children.





## Annex 1: OIC members, by subregion

African members	Arab members	Asian/other members
1. Benin	1. Algeria	1. Afghanistan
2. Burkina Faso	2. Bahrain	2. Albania
3. Cameroon	3. Comoros	3. Azerbaijan
4. Chad	4. Djibouti	4. Bangladesh
5. Côte d'Ivoire	5. Egypt	5. Brunei Darussalam
6. Gabon	6. Iraq	6. Guyana
7. Gambia	7. Jordan	7. Indonesia
8. Guinea	8. Kuwait	8. Iran, Islamic Republic of
9. Guinea-Bissau	9. Lebanon	9. Kazakhstan
10. Mali	10. Libyan Arab Jamahiriya	10. Kyrgyzstan
11. Mozambique	11. Mauritania	11. Malaysia
12. Niger	12. Morocco	12. Maldives
13. Nigeria	13. Oman	13. Pakistan
14. Senegal	14. Occupied Palestinian Territory	14. Suriname
15. Sierra Leone	15. Qatar	15. Tajikistan
16. Togo	16. Saudi Arabia	16. Turkey
17. Uganda	17. Somalia	17. Turkmenistan
	18. Sudan	18. Uzbekistan
	19. Syrian Arab Republic	
	20. Tunisia	
	21. United Arab Emirates	
	22. Yemen	

**Annex 2: Status of National Plans of Action (NPAs) and other follow-ups to the Special Session on Children**

Country	NPA in place	New NPA in process or foreseen	Other Special Session follow-up
Afghanistan			National Development Plan
Albania	Existing NPA under revision		Poverty Reduction Strategy; SWAPs/Sectoral Policies
Algeria		Foreseen	
Azerbaijan			Poverty Reduction Strategy
Bahrain		Foreseen	
Bangladesh		In process	Poverty Reduction Strategy; SWAPs/Sectoral Policies
Benin			Poverty Reduction Strategy; SWAPs/Sectoral Policies
Burkina Faso			Poverty Reduction Strategy; SWAPs/Sectoral Policies
Cameroon		Foreseen	Poverty Reduction Strategy
Chad			Poverty Reduction Strategy; SWAPs/Sectoral Policies
Comoros			Poverty Reduction Strategy; SWAPs/Sectoral Policies
Côte d'Ivoire		In process	SWAPs/Sectoral Policies
Djibouti			Poverty Reduction Strategy
Egypt		In process	SWAPs/Sectoral Policies
Gambia	New NPA completed		Poverty Reduction Strategy; SWAPs/Sectoral Policies
Guinea		In process	Poverty Reduction Strategy; SWAPs/Sectoral Policies
Guinea-Bissau		In process	Poverty Reduction Strategy; SWAPs/Sectoral Policies
Guyana		Foreseen	Poverty Reduction Strategy; SWAPs/Sectoral Policies
Indonesia	New NPA completed		National Development Plan; Poverty Reduction Strategy
Iran (Islamic Republic of)			SWAPs/Sectoral Policies
Iraq			National Development Plan
Jordan	New NPA completed		
Kazakhstan	New NPA completed		
Kyrgyzstan	New NPA completed		Poverty Reduction Strategy
Lebanon		Foreseen	SWAPs/Sectoral Policies
Malaysia	Existing NPA (in process)		National Development Plan; Annual Budget
Maldives		In process	
Mali			Poverty Reduction Strategy; SWAPs/Sectoral Policies
Mauritania			Poverty Reduction Strategy; SWAPs/Sectoral Policies
Morocco		In process	Annual Budget; SWAPs/Sectoral Policies
Mozambique			National Development Plan; Poverty Reduction Strategy; SWAPs/Sectoral Policies
Niger		In process	Poverty Reduction Strategy; SWAPs/Sectoral Policies
Nigeria	Existing NPA under revision		National Development Plan
Oman			National Development Plan; SWAPs/Sectoral Policies
Pakistan		In process	Poverty Reduction Strategy; SWAPs/Sectoral Policies
Qatar		In process	National Development Plan
Saudi Arabia		In process	
Senegal			National Development Plan; Poverty Reduction Strategy; SWAPs/Sectoral Policies
Sierra Leone			Poverty Reduction Strategy
Sudan			Poverty Reduction Strategy; SWAPs/Sectoral Policies
Suriname	New NPA completed		
Syrian Arab Republic		In process	National Development Plan
Tajikistan	New NPA completed		Poverty Reduction Strategy
Togo			Poverty Reduction Strategy
Tunisia	New NPA completed		SWAPs/Sectoral Policies
Turkey	New NPA completed		
Turkmenistan		Foreseen	
Uganda			National Development Plan; Poverty Reduction Strategy; SWAPs/Sectoral Policies
Uzbekistan	Existing NPA under revision	Foreseen	
Yemen			National Development Plan; Poverty Reduction Strategy

**Data not available:** Brunei Darussalam, Gabon, Kuwait, Libyan Arab Jamahiriya, Occupied Palestinian Territory, Somalia, United Arab Emirates.

**SWAPs:** Sector-wide approaches to programming or planning.

**Source:** UNICEF Country Offices' Annual Reports, 2002–2004.



### Annex 3: Resolution on Child Care and Protection in the Islamic World

The Tenth Session of the Islamic Summit Conference (Session of Knowledge and Morality for the Progress of Umma) held in Putrajaya, Malaysia, 20–21 Sha'aban 1424 H (16–17 October 2003),

1. **Recalls** the principles and resolutions of the United Nations on the rights of children adopted by all OIC Member States.
2. **Also recalls** the ratification by all OIC Member States of the UN Declaration on the new Millennium, including the development goals of the Millennium relating to the rights of children to health, education and equality, in reference to the declaration on 'A World Fit for Children' and the Plan of Action also founded on the rights of children, adolescents and youth for protection.
3. **Commends** the outstanding and fruitful cooperation between OIC Member States, the General Secretariat, subsidiary, affiliated and specialized organs and UNICEF aiming at ensuring the safety, protection and development of children all over the world.
4. **Urges** the Member States to place the issue of Palestinian children's care and protection high on the priority list commanding attention to what they are facing in terms of deliberate killings, maiming, repression and psychological destruction at the hands of the occupation forces and Jewish settlers, not to mention the obstruction of their education and health care through internal and external blockades and sieges of towns and villages and the cutting off of roads that lead to schools and hospitals.
5. **Calls** on the Member States, in their consideration of the measures relevant to conflict prevention, management and settlement, to take all necessary measures to prevent any further armed conflicts and to provide particular care for the needs of children and women who are the main victims of such conflicts, and particularly to encourage periods of truce during conflicts, as well as safe passages such as to allow the channelling of food supplies and vaccinations and health care services, and to ban the production, storage, import, export and use of landmines. The Conference also urges the Member States that planted such landmines to assume their removal or at least to extend technical and financial assistance for the clearing of existing mine-fields whose victims in fact are more often than not women, children and other civilians, and whose devastating effects extend far beyond the conflict period.
6. **Urges** Member States to work with the assistance of the international community to improve the conditions of children, particularly those living in difficult conditions in conflict-ridden regions and those suffering from the effects of economic blockades and sanctions imposed on their countries, as well as displaced children refugees, by providing for their physical and moral needs and by taking interest in their education and helping them to return to normal lives, and **commends** the efforts expended by a number of Islamic countries in this direction.
7. **Calls** for the convening of the First Ministerial Conference on Children and Social Affairs, during the year 2004, and **commissions** the Secretary General and the Director General of ISESCO to make necessary consultations with the Member States in this connection, particularly those which have outstanding expertise in this field. It **also charges** ISESCO to organize this Conference in conjunction with the General Secretariat.
8. **Calls** on Member States to continue to strive for guaranteeing the human rights of children of both sexes, as they constitute the best means to achieve social justice. Also calls for the organization of a sensitizing campaign on issues of interest to them and with a view to integrating them in the national curricula of Member States in accordance with their conditions.
9. **Requests** Member States to take the necessary measures to protect children from the

dangers resulting from harmful mass media programmes and to support programmes which lead to the promotion of the cultural, moral and ethical values of children.

10. **Also requests** Member States, in order to ensure the safety of paid working children and their morals, to forbid any form of dangerous employment and to assist them to enjoy social security benefits.
11. **Requests** the Secretary General to study the conditions of the schools of Muslim minorities living in non-Islamic countries in coordination with the government concerned and to submit to the next ICFM a report on the possible means to increase their numbers and to rationalize their management after receiving the views of Member States thereon.
12. **Takes** note of the meeting held by the General Secretariat on formulating a Covenant for Children in Islam based on authentic sharia sources; it **also takes note** of steps achieved in this respect.
13. **Commends** the role played by UNICEF since its establishment for the survival, protection and development of children worldwide, particularly in the developing countries; and especially the ongoing cooperation between OIC and UNICEF relating to child care and protection in OIC countries.
14. **Invites** Member States to combat child trafficking through awareness-raising, capacity-building of law enforcement agencies and setting up rescue and rehabilitation centres for the victims.
15. **Urges** the OIC General Secretariat and UNICEF to support Member States, when the need arises, through joint efforts and programmes in order for them to abide by their commitments vis-à-vis the children.

## Annex 4: The Cairo Declaration of Religious Leaders in Arab States in Response to the HIV/AIDS Epidemic

We, the Muslim and Christian leaders, working in the field of HIV/AIDS in the Arab world, meeting in Cairo (Egypt) from the 28–30 Shawal 1425 H, 11–13/12 2004 AD, in an initiative of the United Nations Development Programme's (UNDP) HIV/AIDS Regional Programme in the Arab States (HARPAS), under the auspices of the General Secretariat of the League of Arab States, and in collaboration with UNAIDS and FHI/Impact, have agreed upon the following:

### First: General Principles

Due to our realization of the value of every human being, and our awareness of God's glorification of all human beings — notwithstanding their situation, background or medical condition — we, as religious leaders, face the imminent danger of the HIV/AIDS epidemic and have a great responsibility and duty that demands urgent action.

It is our duty to promote virtue and religious values and enhance people's relationship with their Creator, seeking God through prayers and petitions that He may protect us from this imminent danger and preserve our homeland from it, and that He may grant His grace and favour upon those affected by this disease. We stand in solidarity with those who are infected with this disease, and we encourage them to pray and receive God's help and grace.

Illness is one of God's tests; anyone may be afflicted by it according to God's sovereign choice. Patients are our brothers and sisters, and we stand by them seeking God's healing for each one of them.

### Second: On Prevention

The family is the foundation for building and defending society. It is therefore necessary to encourage starting families in accordance with heavenly decrees, and we should remove all obstacles in the way.

We emphasize the need to break the silence, doing so from the pulpits of our mosques, churches, educational institutions, and all the venues in which we may be called to speak. We need to address the ways to deal with the HIV/AIDS epidemic based upon our genuine spiritual principles and our creativity, and armed with scientific knowledge, aiming at the innovation of new approaches to deal with this dangerous challenge.

We reiterate that abstinence and faithfulness are the two cornerstones of our preventive strategies but we understand the medical call for the use of different preventive means to reduce the harm to oneself and others.

We view as impious anything that may cause infection through intention or negligence — as a result of not using all possible preventive means available, in accordance with heavenly laws.

We emphasize the importance of reaching out to vulnerable groups which are more at risk of being infected by HIV/AIDS and/or spreading it, including commercial sex workers and their clients, injecting drug users, men having sex with men, and those who are involved in harmful practices. We emphasize the importance of diverse approaches and means to reach out to those groups, and although we do not approve of such behaviours, we call on them to repent and ask that treatment and rehabilitation programmes be developed. These programmes should be based on our culture and spiritual values.

We call upon the media to abide by ethical codes regarding the material they present.

We advocate the rights of women to reduce their vulnerability to HIV/AIDS.

### Third: On Treatment and Care

People living with HIV/AIDS and their families deserve care, support, treatment and education, whether or not they are responsible for



their illness. We call for our religious institutions, in cooperation with other institutions, to provide spiritual, psychological, and economic guidance and support to those in need. We also encourage them not to lose faith in God's mercy, and aspire to a rewarding and productive life, embracing fate with courage and faith.

We emphasize the necessity to abolish all forms of discrimination, isolation, marginalization and stigmatization of people living with HIV/AIDS. We insist on defending their basic freedoms and human rights.

#### **Fourth: Addressing other leaders**

As religious leaders we need to reach out to our governments, civil society institutions, NGOs

and the private sector, to seek closer cooperation and greater action in the response to this epidemic.

We also emphasize the importance of mobilizing other religious leaders against the imminent danger of HIV/AIDS in society, particularly in the media and in educational and popular campaigns.

We emphasize the need to formulate policies and laws that prevent the further spread of the disease, particularly mandatory health check-ups before marriage; to promote the setting up of guidance and awareness-raising centres; and to facilitate the establishment of charitable organizations to provide care and support for people living with HIV/AIDS.

Statistical table 1: Background indicators

Countries and territories	Under-5 mortality rank	Under-5 mortality rate		Population (thousands) (2003)			Annual no. of births (thousands) (2003)	Annual no. of under-5 deaths (thousands) (2003)	GNI per capita (US\$) (2003)	Life expectancy at birth (years) (2003)	Total adult literacy rate (2000)	Total fertility rate (2003)
		1990	2003	Total	under 18	under 5						
Afghanistan	4	260	257	23897	11910	4183	1136	292	250 x	43	36	6.8
Albania	115	45	21	3166	1062	276	57	1	1740	74	85	2.3
Algeria	76	69	41	31800	12606	3349	724	30	1890	70	67	2.8
Azerbaijan	51	105	91	8370	2991	690	148	13	810	72	97 x	2.1
Bahrain	133	19	15	724	244	71	14	0	10840 x	74	88	2.6
Bangladesh	62	144	69	146736	65342	19408	4183	289	400	62	40	3.4
Benin	25	185	154	6736	3533	1168	278	43	440	51	37	5.6
Brunei Darussalam	162	11	6	358	127	39	8	0	24100 x	76	92	2.5
Burkina Faso	8	210	207	13002	7264	2560	621	129	300	46	24	6.7
Cameroon	21	139	166	16018	7868	2443	563	93	640	46	71	4.6
Chad	12	203	200	8598	4587	1646	416	83	250	45	43	6.6
Comoros	59	120	73	768	377	124	28	2	450	61	56	4.8
Côte d'Ivoire	14	157	192	16631	8114	2492	587	113	660	41	49	4.7
Djibouti	31	175	138	703	347	116	27	4	910	46	65	5.6
Egypt	79	104	39	71931	29856	8702	1911	75	1390	69	55	3.3
Gabon	51	92	91	1329	630	191	41	4	3580	57	71	3.9
Gambia	37	154	123	1426	669	221	50	6	310	54	37	4.7
Guinea	23	240	160	8480	4283	1471	362	58	430	49	41	5.8
Guinea-Bissau	10	253	204	1493	800	292	74	15	140	45	38	7.1
Guyana	62	90	69	765	271	79	16	1	900	63	99	2.3
Indonesia	76	91	41	219883	77966	21636	4515	185	810	67	87	2.3
Iran (Islamic Republic of)	79	72	39	68920	27281	6205	1424	56	2000	70	76	2.3
Iraq	35	50	125	25175	12039	3834	879	110	2170 x	61	39	4.7
Jordan	99	40	28	5473	2412	734	151	4	1850	71	90	3.5
Kazakhstan	59	63	73	15433	4849	1142	250	18	1780	67	99	1.9
Kuwait	150	16	9	2521	759	245	50	0	16340 x	77	82	2.6
Kyrgyzstan	65	80	68	5138	1981	529	112	8	330	69	–	2.6
Lebanon	96	37	31	3653	1279	337	69	2	4040	74	86	2.2
Libyan Arab Jamahiriya	132	42	16	5551	2097	600	128	2	5540 x	73	80	3.0
Malaysia	158	21	7	24425	9427	2714	545	4	3780	73	87	2.9
Maldives	61	115	72	318	158	51	11	1	2300	68	97	5.3
Mali	7	250	220	13007	7322	2581	650	143	290	49	26	7.0
Mauritania	16	183	183	2893	1430	499	120	22	430	53	40	5.8
Morocco	79	85	39	30566	11515	3287	707	28	1320	69	49	2.7
Mozambique	24	235	158	18863	9563	3138	774	122	210	38	44	5.6
Niger	2	320	262	11972	6784	2549	662	173	200	46	16	8.0
Nigeria	13	235	198	124009	63563	20872	4820	954	320	51	64	5.4
Occupied Palestinian Territory	106	40	24	3557	1871	641	137	3	1110	73	–	5.5
Oman	143	30	12	2851	1233	409	91	1	7830 x	73	72	4.9
Pakistan	46	130	103	153578	73711	23528	5506	567	470	61	43	5.0
Qatar	133	25	15	610	189	56	10	0	12000 x	72	94	3.2
Saudi Arabia	104	44	26	24217	10868	3542	762	20	8530 x	72	76	4.5
Senegal	32	148	137	10095	5058	1631	374	51	550	53	37	4.9
Sierra Leone	1	302	284	4971	2518	903	245	70	150	34	36	6.5
Somalia	6	225	225	9890	5401	2020	516	116	130 x	48	–	7.2
Sudan	49	120	93	33610	15401	4900	1100	102	460	56	58	4.3
Suriname	79	48	39	436	162	47	9	0	1940 x	71	94	2.4
Syrian Arab Republic	127	44	18	17800	8012	2322	491	9	1160	72	74	3.3
Tajikistan	39	128	118	6245	2737	723	150	18	190	69	99	3.0
Togo	29	152	140	4909	2479	811	187	26	310	50	57	5.3
Tunisia	106	52	24	9832	3357	807	165	4	2240	73	71	2.0
Turkey	79	78	39	71325	25817	7096	1479	58	2790	71	85	2.4
Turkmenistan	47	97	102	4867	1981	497	107	11	1120	67	–	2.7
Uganda	29	160	140	25827	14724	5358	1317	184	240	47	67	7.1
United Arab Emirates	153	14	8	2995	905	246	49	0	18060 x	75	76	2.8
Uzbekistan	62	79	69	26093	10600	2691	559	39	420	70	99	2.4
Yemen	42	142	113	20010	11129	3809	901	102	520	60	46	7.0
<b>Regional summaries</b>												
African OIC		216	189	287365	149759	50327	12021	2158	359	48	54	5.7
Arab OIC		91	70	307129	133327	40650	9030	603	1290	65	60	3.8
Asian/other OIC		111	77	779952	318373	91534	20215	1526	1057	64	69	3.1
Total OIC		133	108	1374447	601459	182511	41266	4287	942	59	64	3.8
Developing countries		105	87	5083370	1924210	552742	119986	10439	1255	62	74	2.9
Least developed countries		181	155	718858	355097	116936	27821	4312	304	49	52	5.1
World		95	80	6286228	2183635	618227	133043	10643	5488	63	80	2.7

**Notes:**

– Data not available.

x Data refer to years or periods other than those specified in the column heading, differ from the standard definition, or refer to only part of a country. Such data are not included in the regional averages or totals.

Statistical table 2: Healthy lives

Countries and territories	% of population (2002) using:		% of under-fives (1995–2003*) suffering from:					Antenatal care coverage (%) (1995–2003*)	Skilled attendant at delivery (%) (1995–2003*)	Maternal mortality ratio		
	improved drinking water sources	adequate sanitation facilities	% of children (1995–2003*) exclusively breastfed (<6 months)	underweight (moderate & severe)	stunting (moderate & severe)	% of immunized (2003) 1-year-old-children				reported (1985–2003*)	adjusted (2000)	Lifetime risk of maternal death (1 in:)
						DPT3	measles					
Afghanistan	13	8	–	48	52	54	50	37	14	1600	1900	6
Albania	97	89	6	14	32	97	93	95	94	20	55	610
Algeria	87	92	13	6	18	87	84	81	92	140	140	190
Azerbaijan	77	55	7	7	13	97	98	66	84	25	94	520
Bahrain	–	–	34 k	9	10	97	99	97	98	46	28	1200
Bangladesh	75	48	46	48	45	85	77	40	14	380	380	59
Benin	68	32	38	23	31	88	83	81	66	500	850	17
Brunei Darussalam	–	–	–	–	–	99	99	100 x	99	0	37	830
Burkina Faso	51	12	6	34	37	84	76	73	31	480	1000	12
Cameroon	63	48	12	21	35	73	61	75	60	430	730	23
Chad	34	8	10	28	29	47	61	42	16	830	1100	11
Comoros	94	23	21	25	42	75	63	74	62	520	480	33
Côte d'Ivoire	84	40	10	21	25	54	56	88	63	600	690	25
Djibouti	80	50	–	18	26	68	66	67	61	74	730	19
Egypt	98	68	30	9	16	98	98	69	69	84	84	310
Gabon	87	36	6	12	21	38	55	94	86	520	420	37
Gambia	82	53	26	17	19	90	90	91	55	730	540	31
Guinea	51	13	11	23	26	45	52	71	35	530	740	18
Guinea-Bissau	59	34	37	25	30	77	61	62	35	910	1100	13
Guyana	83	70	11	14	11	90	89	81	86	190	170	200
Indonesia	78	52	40	26	–	70	72	92	68	310	230	150
Iran (Islamic Republic of)	93	84	44	11	15	99	99	77	90	37	76	370
Iraq	81	80	12	16	22	81	90	77	72	290	250	65
Jordan	91	93	27	4	9	97	96	99	100	41	41	450
Kazakhstan	86	72	36	4	10	99	99	91	99	50	210	190
Kuwait	–	–	12 k	10	24	99	97	95	98	5	5	6000
Kyrgyzstan	76	60	24	11	25	98	99	97	98	44	110	290
Lebanon	100	98	27 k	3	12	92	96	87	89	100 x	150	240
Libyan Arab Jamahiriya	72	97	–	5	15	93	91	81	94	77	97	240
Malaysia	95	–	29 k	12	–	96	92	–	97	50	41	660
Maldives	84	58	10	30	25	98	96	81	70	140	110	140
Mali	48	45	25	33	38	69	68	57	41	580	1200	10
Mauritania	56	42	20	32	35	76	71	64	57	750	1000	14
Morocco	80	61	66 k	9	24	91	90	68	40	230	220	120
Mozambique	42	27	30	24	41	72	77	76	48	1100	1000	14
Niger	46	12	1	40	40	52	64	41	16	590	1600	7
Nigeria	60	38	17	29	38	25	35	58	35	–	800	18
Occupied Palestinian Territory	94	76	29 k	4	9	98	99	96	97	–	100	140
Oman	79	89	–	24	23	99	98	100	95	23	87	170
Pakistan	90	54	16 k	38	37	67	61	43	23	530	500	31
Qatar	100	100	12 k	6	8	92	93	94 x	98	10	140	170
Saudi Arabia	–	–	31 k	14	20	95	96	90	91	–	23	610
Senegal	72	52	24 k	23	25	73	60	79	58	560	690	22
Sierra Leone	57	39	4	27	34	70	73	68	42	1800	2000	6
Somalia	29	25	9	26	23	40	40	32	34	–	1100	10
Sudan	69	34	16	17	–	50	57	60	86 x	550	590	30
Suriname	92	93	9	13	10	74	71	91	85	150	110	340
Syrian Arab Republic	79	77	81 k	7	18	99	98	71	76 x	65	160	130
Tajikistan	58	53	14	–	36	82	89	71	71	45	100	250
Togo	51	34	18	25	22	64	58	73	49	480	570	26
Tunisia	82	80	46	4	12	95	90	92	90	69	120	320
Turkey	93	83	7	8	16	68	75	68	81	130 x	70	480
Turkmenistan	71	62	13	12	22	98	97	98	97	9	31	790
Uganda	56	41	63	23	39	81	82	92	39	510	880	13
United Arab Emirates	–	100	34 k	14	17	94	94	97	96	3	54	500
Uzbekistan	89	57	19	8	21	98	99	97	96	34	24	1300
Yemen	69	30	18	46	53	66	66	45	22	350	570	19
<b>Regional summaries</b>												
African OIC	58	35	22	27	36	51	55	67	39	–	910	15
Arab OIC	83	68	28	15	22	82	83	69	66	–	300	68
Asian/other OIC	81	58	30	31	34	76	74	61	47	–	380	64
Total OIC	77	55	27	26	32	70	71	64	48	–	510	41
Developing countries	79	49	38	27	31	76	75	70	59	–	440	61
Least developed countries	58	35	33	36	42	68	67	56	32	–	890	17
World	83	58	37	27	31	78	77	70	62	–	400	74

**Notes:**

\* Data refer to the most recent year available during the period specified in the column heading

– Data not available.

x Data refer to years or periods other than those specified in the column heading, differ from the standard definition or refer to only part of a country. Such data are not included in the regional averages or totals.

k Refers to exclusive breastfeeding for less than 4 months.



Statistical table 3: HIV/AIDS, education, protection and economic indicators

Countries and territories	HIV / AIDS	EDUCATION	PROTECTION				ECONOMIC INDICATORS			
	Adult prevalence rate (15–49 years), end 2003 (est.)	Primary net enrolment/attendance ratio (c.2001)	Child marriage 1986–2003*	Birth registration 1999–2003*	Female genital mutilation/cutting 1998–2003†		% of population below \$1 a day (1992–2002*)	% of central government expenditure (1992–2004*) allocated to:		
					women (15–49 years)	daughters		health	education	defense
Afghanistan	–	–	–	10	–	–	–	–	–	–
Albania	–	97	–	99	–	–	2	4	2	4
Algeria	0.1	97	–	–	–	–	2	4	24	17
Azerbaijan	<0.1	80	–	97	–	–	4	1	3	11
Bahrain	0.2	92	–	–	–	–	–	7	13	14
Bangladesh	–	79	65	7	–	–	36	5 x	11 x	10 x
Benin	1.9	54	37	62	17	6	–	6 x	31 x	17 x
Brunei Darussalam	<0.1	–	–	–	–	–	–	–	–	–
Burkina Faso	4.2	35	62	–	77	32	45	7	17	14
Cameroon	6.9	74	43	79	1	–	17	3	12	10
Chad	4.8	58	71	25	45	–	–	8 x	8 x	–
Comoros	–	55	30	83	–	–	–	–	–	–
Côte d'Ivoire	7.0	64	33	72	45	24	16	4 x	21 x	4 x
Djibouti	2.9	34	–	–	–	–	–	–	–	–
Egypt	<0.1	92	20	–	97	47	3	3	15	9
Gabon	8.1	80	34	89	–	–	–	–	–	–
Gambia	1.2	74	–	32	–	–	59	7 x	12 x	4 x
Guinea	3.2	62	–	67	99	54	–	3 x	11 x	29 x
Guinea-Bissau	–	45	–	42	–	–	–	1 x	3 x	4 x
Guyana	2.5	98	–	97	–	–	2	–	–	–
Indonesia	0.1	96	24	62	–	–	8	1	4	3
Iran (Islamic Republic of)	0.1	87	–	–	–	–	2	6	7	12
Iraq	<0.1	78	–	98	–	–	–	–	–	–
Jordan	<0.1	95	11	–	–	–	2	10	16	19
Kazakhstan	0.2	96	14	–	–	–	2	2	3	6
Kuwait	–	89	–	–	–	–	–	7	15	17
Kyrgyzstan	0.1	90	21	–	–	–	2	11	20	10
Lebanon	0.1	92	11	–	–	–	–	2	7	11
Libyan Arab Jamahiriya	0.3	–	–	–	–	–	–	–	–	–
Malaysia	0.4	95	–	–	–	–	2	6	23	11
Maldives	–	98	–	73	–	–	–	9	18	10
Mali	1.9	39	65	48	92	73	73	2 x	9 x	8 x
Mauritania	0.6	67	37	55	71	66	26	4 x	23 x	–
Morocco	0.1	89	18 y	–	–	–	2	3	18	13
Mozambique	12.2	60	57	–	–	–	38	5 x	10 x	35 x
Niger	1.2	35	77	46	5	3	64	–	–	–
Nigeria	5.4	62	43	68	19	10	70	1 x	3 x	3 x
Occupied Palestinian Territory	–	99	–	100	–	–	–	–	–	–
Oman	0.1	76	–	–	–	–	–	7	15	33
Pakistan	0.1	61	32 y	–	–	–	13	1	1	18
Qatar	–	99	–	–	–	–	–	–	–	–
Saudi Arabia	–	60	–	–	–	–	–	6 x	14 x	36 x
Senegal	0.8	58	36	62	–	–	26	3	14	7
Sierra Leone	–	41	–	46	–	–	57 x	10 x	13 x	10 x
Somalia	–	11	–	–	–	–	–	1 x	2 x	38 x
Sudan	2.3	49	27 y	64	90	58	–	1	8	28
Suriname	1.7	99	–	95	–	–	–	–	–	–
Syrian Arab Republic	<0.1	97	–	–	–	–	–	2	9	24
Tajikistan	<0.1	96	–	75	–	–	10	2	4	9
Togo	4.1	63	31	82	–	–	–	5 x	20 x	11 x
Tunisia	<0.1	98	10 y	–	–	–	2	6	20	5
Turkey	–	88	23	–	–	–	2	3	10	8
Turkmenistan	<0.1	–	9	–	–	–	12	–	–	–
Uganda	4.1	79	54	4	–	–	82	2 x	15 x	26 x
United Arab Emirates	–	84	–	–	–	–	–	8	18	31
Uzbekistan	0.1	80	15	100	–	–	22	–	–	–
Yemen	0.1	55	48	–	23	20	16	4	22	19
<b>Regional summaries</b>										
African OIC	5.4	60	–	–	–	–	59	–	–	–
Arab OIC	0.3	75	–	–	–	–	4	4	17	14
Asian/other OIC	0.1	82	–	–	–	–	13	3	8	9
Total OIC	1.2	75	–	–	–	–	22	4	11	10
Developing countries	1.2	65	–	–	–	–	22	3	10	10
Least developed countries	3.2	49	–	–	–	–	39	–	–	–
World	1.1	82	–	–	–	–	21	12	5	10

**Notes:**

\* Data refer to the most recent year available during the period specified in the column heading.

† Women: the percentage of women aged 15–49 years who have been mutilated/cut. Daughters: the percentage of women aged 15–49 with at least one mutilated/cut daughter.

– Data not available.

x Data refer to years or periods other than those specified in the column heading, differ from the standard definition or refer to only part of a country. Such data are not included in the regional averages or totals.

y Data differ from the standard definition or refer to only part of a country but are included in the calculation of regional and global averages.

# NOTES

- <sup>1</sup> Except Somalia.
- <sup>2</sup> United Nations Children's Fund, *The State of the World's Children 2005: Childhood Under Threat*, UNICEF, New York, 2004.
- <sup>3</sup> Ibid., pp. 8–9.
- <sup>4</sup> In this publication, the 57 members of the OIC are grouped into three subregions: African, Arab and Asian/other (for countries in each subregion, see Annex 1, p. 35). Unless otherwise noted, statistical data are derived from *The State of the World's Children 2005*, with additional calculations by UNICEF for the OIC region and subregions (see *Statistical tables*, p. 41).
- <sup>5</sup> United Nations Children's Fund, *Progress for Children: A report card on gender parity and primary education* (no. 2), UNICEF, New York, April 2005.
- <sup>6</sup> *The State of the World's Children 2005*, pp. 64–65.
- <sup>7</sup> 'A World Fit for Children', cited here and elsewhere in this document, was adopted by the UN General Assembly at the 27th special session, 10 May 2002.
- <sup>8</sup> Other OIC member states that have experienced an increase in under-five mortality rates are Cameroon, Iraq, Kazakhstan and Turkmenistan.
- <sup>9</sup> Country examples throughout this publication are derived from the 2004 annual reports of UNICEF country offices, except where otherwise noted.
- <sup>10</sup> Other OIC subregions have a better record: in Arab OIC countries, the lifetime risk of maternal death is 1 in 68; in Asian and other OIC member states it is 1 in 64, despite the singular emergency in Afghanistan. The global ratio is 1 in 74.
- <sup>11</sup> The 'replacement rate' of fertility is 2.1 children for each woman. Rates in the OIC range from a high of 5.7 in the African countries to 3.8 in the Arab countries and 3.1 in the Asian and other OIC countries.
- <sup>12</sup> The 31 countries are: Algeria, Bahrain, Bangladesh, Brunei Darussalam, Burkina Faso, Cameroon, Egypt, Gabon, Islamic Republic of Iran, Iraq, Jordan, Kazakhstan, Kuwait, Lebanon, Malaysia, Mali, Mauritania, Morocco, Niger, Nigeria, Oman, Pakistan, Qatar, Saudi Arabia, Senegal, Suriname, Syrian Arab Republic, Tunisia, Turkey, United Arab Emirates and Yemen.
- <sup>13</sup> WHO Nigeria, 'Weekly Bulletin of Vaccine Preventable Diseases', 28 Jan. 2005 ([http://www.who-nigeria.org/report/weekly\\_bulletin\\_VPD/050128](http://www.who-nigeria.org/report/weekly_bulletin_VPD/050128)).
- <sup>14</sup> Al-Azhar University and United Nations Children's Fund, 'Children in Islam: Their Care, Development and Protection' (forthcoming); draft dated 9 March 2005.
- <sup>15</sup> This is the first verse of the Koran that the Prophet received when visited by the archangel Gabriel.
- <sup>16</sup> Primary enrolment/attendance figures cited in this section are from United Nations Children's Fund, *Progress for Children: A report card on gender parity and primary education*, UNICEF, New York, April 2005. Enrolment ratios are from national (official) statistics. Attendance ratios are from household surveys. Projections are based on surveys in 81 developing countries.
- <sup>17</sup> Other OIC countries participating in the '25 by 2005' initiative are Benin, Burkina Faso, Chad, Djibouti, Guinea, Mali, Sudan, Turkey and Yemen.
- <sup>18</sup> Robson, Maurice, 'Pakistan: Investigating Corporal Punishment', in UNICEF, *Education Update*, Vol. 7, No. 1, 2004.
- <sup>19</sup> Beckley, Staneala, 'New Ways of Studying Violence in Schools: MENA', in UNICEF, *Education Update*, Vol. 7, No. 1, 2004.
- <sup>20</sup> United Nations Children's Fund, *The 'Rights' Start to Life: A statistical analysis of birth registration*, UNICEF, New York, 2005, p. 7.
- <sup>21</sup> *The State of the World's Children 2005*, p. 40.
- <sup>22</sup> Ibid., p. 45.
- <sup>23</sup> 'Children in Islam' (forthcoming).
- <sup>24</sup> Ibid.
- <sup>25</sup> The Committee on the Rights of the Child and the Committee on the Elimination of All Forms of Discrimination Against Women have interpreted international standards to mean that the minimum age for both sexes should be 18.
- <sup>26</sup> 'Children in Islam' (forthcoming).
- <sup>27</sup> International Crisis Group, *The Curse of Cotton: Central Asia's Destructive Monoculture*, Asia Report No. 93, Bishkek/Brussels, 28 February 2005.
- <sup>28</sup> 'Children in Islam' (forthcoming).
- <sup>29</sup> United Nations Children's Fund, 'Summary Report of the Study on the Impact of the Implementation of the Convention on the Rights of the Child', UNICEF Innocenti Child Research Centre, Florence, 2004.
- <sup>30</sup> 'Children in Islam' (forthcoming).
- <sup>31</sup> United Nations, Department of Public Information, 'The Millennium Development Goals Report 2005', United Nations, New York, 2005.
- <sup>32</sup> Joint United Nations Programme on HIV/AIDS and World Health Organization, *AIDS Epidemic Update, December 2004*, UNAIDS and WHO, Geneva, 2004.
- <sup>33</sup> *The State of the World's Children 2005*, p. 72.

- <sup>34</sup> United Nations Children's Fund, *Girls, HIV/AIDS and Education*, UNICEF, New York, 2004, p. 1.
- <sup>35</sup> Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund and United States Agency for International Development, *Children on the Brink 2004: A joint report of new orphan estimates and a framework for action*, UNAIDS, UNICEF and USAID, New York, July 2004, p. 9.
- <sup>36</sup> Joint United Nations Programme on HIV/AIDS, 2004 *Report on the Global AIDS Epidemic*, UNAIDS, Geneva, 2004, pp. 27, 29, 35.
- <sup>37</sup> *Children on the Brink*, pp. 3, 5, 9.
- <sup>38</sup> *Ibid*, p. 5.
- <sup>39</sup> United Nations Educational, Scientific and Cultural Organization, 'EFA Global Monitoring Report 2005: Education for All – The Quality Imperative', UNESCO, Paris, 2004, p. 45 (box 2.1).
- <sup>40</sup> Summarized from the Declaration of Commitment on HIV/AIDS, 'Global Crisis – Global Action', resolution adopted by the UN General Assembly, Twenty-Sixth Special Session, 25-27 June 2001, A/RES/S-26/2, pp. 7–10.
- <sup>41</sup> Information in this section is from 'Summary Report of the Study on the Impact of the Implementation of the Convention on the Rights of the Child'.
- <sup>42</sup> UNICEF, 'Combating Sexual Exploitation and Abuse of Children: Let the real work begin' (press release), 14 Dec. 2004.

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