## Overview and implementation of the UN Convention on the Rights of the Child

Marta Santos Pais, Susan Bissell

The effects of the implementation of an international human-rights treaty are not readily measured. To attribute causality to a single convention, or even to a series of actions triggered by the application of that convention, is difficult. Despite the challenges inherent to this type of enquiry, the UNICEF Innocenti Research Centre has undertaken a 3-year study on the implementation of the UN Convention on the Rights of the Child (CRC) (panel). Our preliminary findings, to be published in full at the end of this year, show that a considerable process of social change has been set in motion.

The study, which encompasses 62 countries from all parts of the world, is largely based on the reports of States Parties to the CRC Committee and the Committee's concluding comments on them. It addresses the general

## Panel: Overview of the UN CRC

The UN CRC is an international convention, monitored by the Committee on the Rights of the Child, that sets out rights for the survival, development, protection, and participation of children. The UN General Assembly agreed to adopt the Convention into international law on Nov 20, 1989, and it came into force in September, 1990. The Convention was ratified quickly and by more governments (all except Somalia and the USA) than any other human rights instrument. The Convention generally defines a child as any person younger than age 18 years, unless an earlier age of majority is recognised by a country's law. It acknowledges that every child has certain basic rights, including the right:

- to life
- to his or her own name and identity
- to be raised by his or her parents within a family or cultural grouping and have a relationship with both parents, even if they are separated
- to express their opinions and to have those opinions heard and acted upon when appropriate
- to be protected from abuse or exploitation
- to have their privacy protected

As such, the Convention obliges signatory states:

- to allow parents to exercise their parental responsibilities
- to provide separate legal representation for a child in any judicial dispute concerning their care (and asks that the child's viewpoint be heard in such cases)
- to forbid capital punishment for children
- to act in the best interests of the child (the Convention is child-centric and places the child's needs and rights first—ahead of parents or others)

measures of implementation of the Convention, which include law reform; establishment of national independent human-rights institutions for children, national plans of action, and coordinating bodies; allocation of resources for children; monitoring mechanisms on implementation of the Convention; awareness raising and advocacy; and measurement of the involvement of civil society, including children, in the realisation of children's rights. The measures are complementary and are a sign of the indivisibility of children's rights. For this reason, the study addresses them individually and looks at the interaction between them

Our preliminary findings indicate that law reform is the general measure to which the greatest attention has been paid by State Parties. In at least 50 of the countries studied, the Convention has been incorporated into the national legal framework by legislative reform, including constitutional amendment. Many countries, especially in Latin America, have adopted comprehensive codes on the rights of children. Law reform has occurred in a wide range of areas, including the right to health, an area that takes in vaccination, breastfeeding, and the care of children with disabilities and those affected by environmental disasters.

The establishment of national independent humanrights institutions for children has also accelerated since the entry into force of the CRC. Although Norway and Sweden had ombudspersons for children before the Convention, there are now at least 60 such institutions, in 38 countries worldwide, acting as catalysts for the realisation of children's rights.

Development of effective coordinating mechanisms to promote concerted effort by relevant government bodies has been an important challenge. Our findings indicate that greater coordination is needed both across ministries and between levels of government. National plans have been developed, but they do not often reflect the multidimensional reality of the CRC and are generally not integrated with budgetary decisions.

Research on the general measure of resource allocation is ongoing. Tracking of public spending in support of specific groups of people is difficult, whether the aim is to assess how much they benefit from general spending or whether earmarked spending on these groups is an efficient way to reach them. The traditional approach of many international organisations has been to compare levels of resource allocation in support of social services across or within countries. One option is to assess whether legislation in support of a specific group is sufficiently resourced and whether administrative

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UNICEF Innocenti Research Centre, Piazza SS Annunziata, 12, 50122 Florence, Italy (M Santos Pais, S Bissell) Correspondence to:

Correspondence to: Dr Susan Bissell sbissell@unicef.org

List of countries in the study: Argentina, Bangladesh, Belarus, Belgium, Bolivia, Burkina Faso. Canada, Chile, Colombia, Costa Rica, Cyprus, Czech Republic, Denmark, Ecuador, Egypt, Ethiopia, Fiji, Finland, France, Georgia, Germany, Guatemala, Honduras, Iceland, India, Indonesia, Italy, Jamaica, Japan, Jordan, Lebanon, Libyan Arab Jamahiriya, Mexico, Morocco, Nepal, Netherlands. New Zealand, Nicaragua, Nigeria, Norway, Pakistan Panama, Paraguay, Philippines, Poland, Portugal, Romania. Russian Federation, Rwanda, Togo, South Africa, Democratic People's Republic of Korea, Spain, Sri Lanka, Sudan, Syrian Arab Republic, Sweden, Tunisia, Ukraine, United Kingdom, Vietnam, Yemen.

For more detailed information on the CRC see http://www.unicef.org/crc/and http://www.unhchr.ch/html/menu3/b/k2crc.htm

systems allow funds to reach all intended beneficiaries. We are exploring the strengths and weaknesses of these and other approaches in our study.

Systematic data collection and monitoring systems are essential to effective implementation. Some countries have strengthened existing child data collection systems, including on emerging areas. Health monitoring systems have at times been expanded-eg, to cover prevalence of female genital mutilation, child abuse, and health of vulnerable children placed in residential care. Challenges identified by the study include the need for more resources and for agreed indicators, including in areas such as child protection.

All of the countries we have reviewed have undertaken activities to promote awareness of the CRC through education and capacity building of professional groups and through campaigns on public-health issues such as HIV/AIDS and female genital mutilation.

Finally, our study documents how the CRC has stimulated participation of civil society in its implementation. The findings indicate that paediatricians, doctors, nurses, and midwives are some of the professional groups active in this area. Child participation is another dimension addressed within the context of this general measure. Both thinking and practice with respect to child participation have evolved considerably over the past 15 years, as discussed in the next essay in this Essay Focus series. Indeed, during the past 5 years, there has been increased emphasis placed on the quality of child participation among the non-governmental organisations most actively involved in this area. The International Save the Children's Alliance is a good example of leadership by a non-governmental organisation in child participation.

To conclude, although the Convention on the Rights of the Child is not the sole cause of the developments discussed, there are clear indications that State authorities and civil society have responded positively to the obligations and challenges contained in this treaty, with a

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positive effect on the rights of children, including their right to health. Much more, however, still needs to be done to understand the complex processes of implementation of the Convention. One key area for future research is the tangible effect of the initiatives documented by our study on the lives of children. This challenge is one to which we plan to respond during the next phase of our work.

## Conflict of interest statement

We declare that we have no conflict of interest.

## Children's right to express views and have them taken seriously

Gerison Lansdown, Ravi Karkara

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30 Ellington Road, London N10 3DG, UK (G Lansdown BSc); and Save the Children Sweden, South and Central Asia Region Office, GPO Box 5850 Kathmandu, Nepal (R Karkara)

Correspondence to: Mr Gerison Lansdown gerison@blueyonder.co.uk The UN Convention on the Rights of the Child (CRC) introduced the principle that children are entitled to be listened to and taken seriously in all matters that concern them. The Committee on the Rights of the Child, the body set up under the terms of the Convention to monitor governments' progress in implementing its provisions, argues that this right should be understood as an underlying principle by which all other rights are ensured and respected.

Historically, children's perspectives and experiences have been disregarded in favour of those of adults; young people considered to lack the expertise and competence to inform adult decisionmaking, irrespective of whether the decisions directly affect them. Now, governments, policymakers, professionals, and parents are required to take greater note of the concerns of those younger than age 18 years, giving due weight to the views expressed in accordance with the age and maturity of the child. This stipulation applies to children as individuals—for example, with respect to participating in treatment decisions—and as a group—in contributing, for