African Child Policy Forum
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Antimicrobial Resistance (AMR), Children's Rights, and the Right to a Healthy Environment in Africa

BRIEFING PAPER

African Child Policy Forum | Leiden Children's Rights Legal Clinic

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LIST OF ABBREVIATIONS

ACERWC	African Committee of Experts on the Rights and Welfare of the Child
ACRWC	African Charter on the Rights and Welfare of the Child
AMR	Antimicrobial resistance
CO(s)	Concluding Observations
CRC	UN Convention on the Rights of the Child
HIV	Human Immunodeficiency Virus
TB	Tuberculosis
UNICEF	United Nations International Children's Emergency Fund

1. INTRODUCTION

Antimicrobial resistance (AMR) is one of the most urgent global health and development challenges of our time.[1] Often described as the 'silent pandemic', AMR is an evolutionary process whereby microbes (viruses, fungi, parasites and bacteria) become resistant to antimicrobial agents (antibiotics, antivirals, antifungals and antimalarials), rendering medicines, pesticides and other antimicrobials less effective in treating or containing infections in humans, plants and animals.[2] In 2019, approximately 4.95 million deaths were associated with AMR infections – more than HIV and malaria.[3] Of those AMR-related deaths, one in five occurred in a child under the age of five.[4] The World Bank predicts losses of up to 3.8% of the global gross domestic product (GDP) by 2050, if no action is taken.[5] In its landmark report, the African Union cited AMR as already 'a leading cause of death in the African region, surpassing…malaria, HIV and TB.[6] The United Nations General Assembly in its Political Declaration on AMR in 2024, warned that 'immediate action [would be] needed to safeguard our ability to treat human, animal and plant diseases' and ensure 'food safety, food security and nutrition… economic development, equity and a healthy environment'[7].

Historically, AMR was framed as a public health issue linked to the misuse and overuse of antimicrobials in clinical settings. However, increasingly, socio-economic and environmental factors, such as poverty, malnutrition, inadequate housing, pharmaceutical waste, poor sanitation and lack of drinking water, industrial pollution from mining, pesticides and biocides in agriculture are being linked to the rapid acceleration of AMR.[8] The African Union, in its 2024 landmark report cited interconnected environmental drivers, such as inadequate water and sanitation, poor infection prevention measures and suboptimal vaccination programmes for preventable diseases'[9]

The complexity of AMR lies in the ubiquitous role of microbes in our everyday lives. Microbes are the basis of all life on earth. Microbes create and sustain the biosphere, form the backbone of global

biogeochemical cycling, and constitute 70 – 90 per cent of all cells within the human body.[10] Because microbes are indispensable to all life on Earth, the same anthropogenic factors driving climate change, pollution and biodiversity loss are also disrupting microbial environments, accelerating the spread of AMR.[11] Responding to AMR thus requires moving beyond public health responses, and recognising the socio-economic, environmental and human rights factors,[12] intertwined with climate change, biodiversity loss and other planetary environmental crises.[13] There has yet to be any clear acknowledgment of structural inequalities, namely economic and social rights deprivation, contributing to antimicrobial use and AMR, nor the societal transitions that will be needed to equitably and sustainably manage AMR and microbial environments in the future.[14]

This briefing paper draws attention to AMR as a children's rights and environmental human crisis on the continent. The analysis explores how States' systemic failure to uphold children's rights – notably economic, social rights deprivation – has led to a cycle of antimicrobial use, which in turn has contributed to the emergence and spread of AMR. Poverty, malnutrition, poor sanitation and a lack of clean water, food insecurity, inadequate housing, and weak healthcare systems all contribute to higher incidence of infectious disease (in both humans and animals) which in turn feeds a cycle of (mis)use and overuse of antimicrobials that not only leads to environmental degradation but also the rapid acceleration of AMR. Moreover, overlooking the link between economic, social rights deprivation and environmental degradation deepens the structural inequalities underpinning the social determinants of health, which drives drug-resistance by perpetuating a cycle of intergenerational poverty, malnutrition and poor health across the continent. This briefing report argues that it is thus critical to mainstream children's rights across public health policy, and to recognize its indispensable role of children's rights in societal transitions, whether it is AMR or climate change. Mainstreaming children's rights draws attention to the underlying structural drivers of infectious disease and the social determinants of health driving AMR,

thereby reducing the unnecessary use and over-reliance on antimicrobials. It also underscores the inextricable link between economic, social rights deprivation, environmental degradation, and the ongoing cycle of poverty and malnutrition, which together undermine children's enjoyment of rights both for present and future generations.

This briefing paper begins by examining how AMR and environmental human rights have been addressed by the monitoring bodies of the UN Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) across the continent. It does this by assessing whether AMR has ever been referenced by the treaty-monitoring bodies of the CRC or the ACRWC. It then reviews the general comments and concluding observations of the Committee on the Rights of the Child and the African Committee of Experts on the Rights and Welfare of the Child, assessing how environmental human rights have been addressed, not only in the context of AMR but planetary health crises more generally. This briefing paper makes two broad findings. First, it concludes that AMR has not been addressed as a children's rights issue. Second, it concludes that where environmental human rights have been addressed, it has been fragmented and inconsistent across the continent. Within the CRC Committee, there are wide inconsistencies in how climate change, pollution and environmental degradation are addressed. In contrast, the ACERWC jurisprudence remains underdeveloped, with limited engagement with environmental harm as a violation of children's rights, and almost no recognition of the structural inequalities contributing to the environmental degradation impacting children's health, survival and development.

Lack of access to clean water, pollution, food insecurity, drought, extractive industries and climate-related harms appear as isolated concerns, rather than inter-linked structural inequalities related to States' obligation to uphold the right to a healthy environment and linked with children's rights to health, survival and development. As a result, the inter-relationship between environmental degradation and

children's social, economic rights deprivation remain conceptually underdeveloped and fragmented in both systems. This has significant implications for AMR, but also for other planetary health crises because it obscures the multi-layered dimensions of States' accountability for environmental human rights violations. Taking the case of AMR, both the drivers of antimicrobial (mis)use and the subsequent environmental degradation contributing to AMR, emerge from the same structural inequalities: poverty, malnutrition, inadequate housing and poor water sanitation, lack of access to water, weak sanitation systems, weak healthcare systems, food insecurity, heavy metal remnants (from conflict), mining/extractive activities, and pharmaceutical and industrial waste. Neither the CRC Committee nor the ACERWC have connected structural inequalities, notably social, economic rights deprivation with children's wider exposure to infectious disease, and AMR.

This fragmentation also reflects a broader conceptual limitation of children's rights law. Because environmental harms are often treated as isolated sectoral concerns, linked to specific due diligence obligations (of businesses) rather than structural inequality, there is little or no consideration of children's realisation of rights across generations, and the impact of structural inequalities (such as poverty) play in compounded environmental human rights issues, such as climate change, AMR and biodiversity loss. This weakens the ability of children's rights systems to respond to the rights-based issues that will derive from broad societal transitions related to AMR, or climate change, which cuts across public health, environmental protection, food systems, poverty and sustainable development. As a result, the children most vulnerable to environmentally induced global health and planetary challenges, such as AMR, will remain the least visible and the least protected within the continental strategic frameworks and children's rights monitoring frameworks.

This briefing paper concludes by proposing a set of recommendations aimed at addressing AMR and other planetary health challenges, which grounds the ACRWC and the CRC in the broader discourse on environmental human rights under international human rights law.

2. ANTIMICROBIAL RESISTANCE AS A CHILDREN'S RIGHTS ISSUE

> *The emergence and spread of antimicrobial resistance threatens children everywhere. Children must have access to effective infection prevention measures such as immunization, clean and regularly available water and sanitation, nutrition…And we must also promote the rational use of medicines to protect children from the growing threat of drug-resistant infections* (Catherine Russell, Executive Director, UNICEF[15])

In 2023, UNICEF published a guidance note on antimicrobial resistance (AMR), warning of its 'devastating effects on the health and well-being of children, with the poorest and most vulnerable bearing the brunt.'[16] Citing *The Lancet* study in 2019, UNICEF noted that 1 in 5 AMR-related deaths were in children under 5 years of age, which translated to one child dying every two minutes from a drug-resistant infection.[17] The UNICEF report further underscored that almost 99 per cent of all AMR-related child deaths emanated from lower- and middle-income countries, with over half dying within the first month of their life.

This briefing paper reviews the UN Committee on the Rights of the Child (CRC Committee) and the African Committee of Experts on the Rights and Welfare of the Child (ACERWC), assessing how, and to what extent AMR and other environmental-related children's rights violations are addressed within general comments, concluding observations and individual complaints. First, it analyses all the General Comments of the CRC Committee and the ACERWC. Second, the brief investigates the Concluding Observations of 54 African States over 16 years (1990 – 2026), examining how environmental harm was addressed by the treaty-monitoring bodies. It examines how specific rights, such as the right to health, the right to survival and development were acknowledged in the context of environmental harm. The findings are presented below, categorized by region.

2.1 General Comments of Children's Rights Treaty-Monitoring Bodies

The UN Committee on the Rights of the Child and the ACERWC have issued general comments, providing States Parties with authoritative guidance on the scope and legal content of their obligations. The CRC has issued 26 general comments from 2001 to 2026, while the ACERWC has issued 10 general comments. These general comments were reviewed to assess how 'environment' and AMR were addressed in relation to States' legal obligations to uphold children's rights.

2.1.1 African Committee of Experts on the Rights and Welfare of the Child

Of the ten general comments issued by the ACERWC, none address AMR. The impact of environmental degradation on children is briefly mentioned in the ACERWC's General Comment No 5 as follows:

> *The child's best interests include short term, medium term and long-term best interests. For this reason, State actions which imperil the enjoyment of the rights of future generations of children (e.g. allowing environmental degradation to take place, or inappropriate exploitation of natural resources) are regarded as violating the best interests of the child standard.*[18]

The ACERWC has also taken steps to acknowledge children's rights in climate change, with the ACERWC Working Group on Children's Rights and Climate Change issuing a resolution in 2024 calling on State Parties to take specific measures to address children's rights in the context of climate change. Specifically, the resolution called on States to 'incorporate a child-rights-based approach to climate action' that pays 'particular attention to the needs of those children who are most vulnerable to the effects of climate change, such as girls, indigenous groups and children with disabilities. It also called for 'climate impact assessments on children's rights' developing 'data collection methods

that are accurate, standardized and disaggregated' and which 'accurately identify children's climate risks so that policy can respond properly'.

Moreover, in 2023, the ACERWC commissioned a report on *Climate Change & Children's Rights in Africa*, which identified climate change as 'a "threat multiplier"' in which 'children's vulnerability to harm, exploitation and violence increases in the context of disasters that are climate induced.' The ACERWC report set out a series of recommendations, providing guidance to State parties in respect of children's rights in climate governance. General recommendations focused on: (1) mainstreaming children's rights in climate policies, such as NDCs, NAPs, and Disaster Risk Reduction (DRR) plans, with a focus on adaptation; (2) strengthening collaboration among child-rights actors in climate governance; (3) implementing child protection frameworks to prevent harm from climate action; (4) regulating fossil fuel instructions to protect child rights.[19] Other recommendations were more specific to children's participation: (1) enhancing child participation in design and implementation of climate policies; (2) ensuring decisions consider both short-term and long-term best interest[s] of children; (3) including climate change education in curricula and promoting sustainable practices in schools; (4) supporting peer-led climate education and integrating climate change with child protection. Interestingly, attention was given to States' ongoing obligations in respect of the environment: (1) improving air quality regulations and reducing children's exposure to pollutants; (2) improving health systems, as well as water and sanitation in climate-affected areas; (3) providing life-saving services to children in extreme weather-affected regions. While the ACERWC Working Group Report provided a good starting point, it has not been followed up with a general comment on children's rights in climate change. Moreover, the Report does not address broader environmental degradation and harm, which contributes not only to climate change but also to other planetary and public health crises, such as AMR.

2.1.2. UN Committee on the Rights of the Child

The CRC Committee has issued 26 comments since 2001. Of those 26 general comments, only one focuses on children's rights and the environment – General comment No. 26. While there is no mention of antimicrobial resistance, there is acknowledgement of the interconnectivity between climate change, environmental degradation, microbial diversity:

> *Climate change, pollution and toxic substances all represent key drivers of the alarming loss in biodiversity and the degradation of ecosystems on which human health depends. Specific effects include* ***reduction in microbial diversity,*** *which is critical to the development of children's immune systems, and the increasing prevalence of autoimmune diseases, with long-term effects.*[20]

Yet, General Comment No. 26 provides little if any guidance to States on the specific measures that will be needed to ensure children's rights are respected and promoted in societal transitions towards a more sustainable management of ecosystems, including microbial environments.

In its General Comment No. 15, the CRC Committee highlights environmental factors impacting children's development and upbringing: 'adequate housing that includes non-pollution, safe cooking facilities, a smoke-free environment, appropriate ventilation, effective management of waste and the disposal of litter from living quarters…the absence of mould…and family hygiene are core requirements to a healthy upbringing and development.'[21] Yet, again it falls short of recognising the link between States Parties' social and economic rights obligations (and economic, social rights deprivation), environmental degradation, and their impact on children's realization of their rights.

2.2 Review of Concluding Observations from the CRC Committee and ACERWC

A review of all of the Concluding Observations (COs) issued to African countries by both the Committee on the Rights of the Child (CRC Committee) and the ACERWC from 1990– 2026 reveal the lack of attention given to environmental human rights across the continent. In early Concluding Observations, environmental harm was rarely treated as a children's rights issue. Instead, it appeared as background for broader discussions on poverty, malnutrition, disease, weak sanitation and hygiene or lack of clean water. Both Committees generally did not link environmental harm with States' failure to uphold their obligations in respect of children's social and economic rights.

A transitional phase emerged in the early 2000s - 2010s, where environmental issues began to appear in the right to health and the rights to life, survival, and development. This was especially visible in respect of lack of clean water, poor sanitation, pollution, food insecurity, poor disaster risk management, which contributed directly to ill-health and child mortality. However, even in this phase, environmental harm was not yet treated as a specific rights category, but rather as a social determinant of health.

In recent years 2010s – 2020s, Concluding Observations have shown more explicit recognition of children's environmental human rights, including climate change, pollution, extractive activities, and the role of non-State actors. This shift is evident in CRC practice and is likely attributable to the adoption of General Comment No. 26, which introduced a new cluster focused on climate change in the treaty-monitoring process. However, in practice, there remains a fragmented and uneven approach to environmental harm across the region, both within the CRC and the ACERWC.

A further pattern that emerged across both systems is the dominant focus on the right to health in the monitoring of environmental harms. Article 24 of the CRC and Article 14 of the ACRWC functioned as the principal entry-points through which environmental determinants were recognized. Article 6 of the CRC and Article 5 of the ACRWC,

concerning life, survival, and development, also increasingly appeared, especially where environmental factors threatened child mortality, disease, nutrition, or longer-term development. At the same time, there were noted limitations. First, environmental harm was seldom framed as a children's rights violation, in itself. Second, there was limited attention given to the link between social, economic rights deprivation and environmental harm. Third, accountability of non-State actors was not clear, though more developed within the CRC than the ACERWC. Finally, there was little acknowledgement of the inter-relationship between States' failure to uphold children's rights, particularly social and economic rights, and environmental degradation.

The following section delves further into the findings of our review across different regions: Central Africa; Eastern Africa; Northern Africa; Southern Africa; Western Africa.

2.2.1 Central Africa

This analysis covers concluding observations from ten Central African countries from the late 1990s until 2026: Cameroon, Central African Republic, Chad, Republic of Congo, Equatorial Guinea, Gabon and Sao Tome and Principe.

a) CRC Committee

Early Phase (1999–mid-2000s): Environmental Harm as Background Context

Across early concluding observations issued by the CRC Committee, environmental harm is not conceptualised as a distinct children's rights issue. Instead, environmental conditions appeared descriptively, embedded within discussions on poverty, malnutrition, disease, displacement, and weak infrastructure. The 1999 concluding observations for Chad were emblematic of this phase. Environmental stressors such as drought, food insecurity, water scarcity, desertification were repeatedly referenced as contributing to high child mortality; chronic malnutrition; limited access to health services.

However, these conditions were framed as structural hardship rather than legally relevant environmental determinants triggering specific State obligations. The Committee did not articulate preventive, regulatory, or remedial duties related to environmental harm. Similar patterns were observed in early concluding observations for Equatorial Guinea (2004) and São Tomé and Príncipe (2004), where access to safe drinking water, sanitation, and environmental health programmes were discussed under the right to health and the right to an adequate standard of living, but without recognition of how these rights-based obligations contributed to environmental harm.

Transitional Phase (Late 2000s–mid-2010s): Environmental Determinants Through Health and Survival

In States such as the Democratic Republic of the Congo (2009) and Central African Republic (2017), the Committee began linking children's health outcomes to unsafe water, weak sanitation systems, pollution, overcrowded displacement camps, and infrastructural collapse. It also treated environmental degradation as a structural multiplier of vulnerability in contexts of armed conflict and displacement. Article 24 became the dominant entry point from which environmental conditions were addressed. Article 6 was also increasingly engaged, particularly in relation to preventable mortality, such as malnutrition, and disease. Yet, there was no explicit link between economic, social rights deprivation (or other children's rights violations) and environmental harm

Explicit Recognition Phase (2010s): Dedicated Environmental Engagement

A significant shift emerged in the 2010s, when the CRC Committee began to explicitly recognise children's environmental human rights as a distinct concern. Two States are particularly notable. In Republic of the Congo (2010), there is a dedicated section entitled "Children's rights and the environment", explicitly linking environmental

degradation, pollution, climate shocks, and extractive activities to violations of children's rights to life, health, development, education, participation, and best interests. Another example is Gabon (2016), in which there is a standalone environment section that directly addresses deforestation, mono-cropping, land demarcation for commercial purposes, linking these practices to violations of children's rights, particularly those of indigenous (pygmy) children. Environmental harm is thus framed as undermining livelihoods, cultural survival, access to food, water, and health, and non-discrimination.

Expansion Beyond Survival and Health: Toward a Multi-Rights Environmental Lens

More recent concluding observations show a widening of analytical scope, connecting environmental harm to a broader constellation of rights, such as:

- **Article 27 (adequate standard of living)** – linking environmental degradation to poverty, housing, water, sanitation, and livelihoods;
- **Article 28 (education)** – recognising environmental infrastructure (water, sanitation, transport, safe school environments) as prerequisites for school attendance and retention;
- **Article 12 (participation)** – particularly in relation to environmental decision-making affecting children's lives;
- **Article 2 (non-discrimination)** – acknowledging that environmental harm disproportionately affects rural, indigenous, displaced, and marginalised children.

What this shows is a shift from sectoral analysis to a cross-cutting rights-based approach.

Indigenous Children and Environmental Rights: Narrow but Significant Recognition

Gabon stands alone in its explicit linking of Article 30 (rights of indigenous children) to environmental governance. The Committee recognises that deforestation and mono-cropping undermined indigenous children's cultural rights; nomadic and forest-dependent livelihoods were environmentally contingent; land-demarcation without participation eroded access to food, water, and traditional ways of life. Crucially, Gabon's COs linked Article 30 with Article 12, insisting on the full and effective participation of indigenous children and communities in land-use and environmental decisions.

The Business Sector as a Driver of Environmental Harm to Children

The CRC Committee increasingly identifies the business sector, particularly extractive industries as a major source of environmental harm affecting children's rights. Key patterns include water pollution, soil degradation, and air pollution; unsafe environments for children's play, and education; weak enforcement of environmental and health standards. In this regard, the Committee increasingly relies on Article 4 (State obligations), and General Comment No. 16 on business and children's rights, to clarify that environmental harm caused by private actors triggers State responsibility where due diligence (regulation, oversight, impact assessment, and remedies) is inadequate. This also represents a shift from the silence of the 1990s to explicit recognition of environmental harm as a violation of children's rights. That said, the connection between States' failure to uphold social and economic rights and environmental harm remain tenuous.

Overall Assessment: Central African CRC Practice

Taken together, the CRC practice towards Central African States demonstrates a clear but uneven evolution in the recognition of children's environmental rights. From implicit to explicit recognition of environmental harm; from a health-only framing to a multi-rights analysis; from descriptive hardship to emerging State obligations of prevention, regulation, and participation. However, the evolution is asymmetrical. Gabon and the Republic of the Congo represent

doctrinal leaders, while Chad and Equatorial Guinea reflect early-stage or stalled engagement. Conflict-affected States tend to subsume environmental harm under humanitarian narratives. This trajectory culminated in the Committee's authoritative articulation in General Comment No. 26 (2023), which confirms that environmental and climate-related harms fall squarely within the scope of the CRC. The Central African experience thus illustrates both the historical roots of this interpretation and the urgency of its application in contexts marked by environmental vulnerability, conflict, and extractive pressure.

b) African Committee of Experts on the Rights and Welfare of the Child

In contrast, the ACERWC does not generally conceptualise the environment as an autonomous right under the ACRWC. With the notable exception of Gabon (2016), none of the reviewed concluding observations contain a standalone section explicitly addressing children's rights and the environment. Instead, environmental concerns are addressed implicitly, embedded within other substantive rights, most prominently health (art. 14), survival and development (art. 5), and living conditions.

Dominant Analytical Lens: Health, Water, Sanitation, and Survival

The most consistent and explicit entry point for environmental issues under the ACRWC was Article 14 (right to health), read together with Article 5 (survival and development).

Across Cameroon (2017), Chad (2017), and the Republic of the Congo (2019), the ACERWC repeatedly linked lack of access to clean water, inadequate sanitation, weak health infrastructure, with high levels of preventable disease, malnutrition, and child mortality. In Cameroon (2017), the ACERWC explicitly linked the right to survival and development to universal access to drinking water and sanitation (para.

13), highlighting the impact of inadequate water, sanitation, and health infrastructure on child mortality (para. 19), and calling for improved water supply, hygiene, and sanitation in refugee camps (para. 26). In Chad (2017), similar concerns were raised through the Committee's emphasis on the lack of clean water, inadequate sanitation particularly in rural areas and poor health infrastructure as drivers of child mortality and preventable disease (art. 14; para. 27), read together with broader concerns regarding survival and development (art. 5; para. 15). In the Republic of the Congo (2019), the Committee associated high child mortality with preventable diseases such as diarrhoea and malaria (para. 32), recommending equitable distribution of clean drinking water across regions (para. 33) and noting disparities in health services between urban and rural areas (para. 34). Yet, environmental degradation and infrastructural neglect were treated as structural conditions undermining children's health and survival, rather than inter-related drivers of environmental harm, leading to environmental human rights violations.

Conflict, Displacement, and Environmental Vulnerability

Environmental harms also emerge indirectly through the ACERWC's engagement with armed conflict, displacement, and refugee situations, particularly in Cameroon (2017). In Cameroon (2017), the Committee linked environmental conditions in refugee settings such as access to water, sanitation, and hygiene to the effective enjoyment of children's rights (para. 26). While unsafe living environments were clearly implicated, these harms were framed primarily as humanitarian and survival concerns linked with Articles 5, 14, and 22, rather than drivers of environmental harm, and violations of children's environmental rights.

This pattern reflected a broader tendency within the ACERWC's practice to subsume environmental harm under conflict and emergency narratives, limiting explicit doctrinal development on environment-related rights.

Gabon as a Stand-Out Country within the African Committee

Gabon (2017) was the strongest example of environmental engagement under the ACRWC among the Central African States examined. In its Concluding Observations, the ACERWC explicitly affirmed children's right to live, move, and play in an environment free from waste, pollution, traffic, and other physical hazards, emphasizing the importance of safe neighbourhoods and access to outdoor play (para. 43). This formulation recognised that child's physical environment was a rights-relevant concern, extending beyond health and survival considerations. No other Central African State provided a similarly explicit articulation of children's rights to a safe and healthy environment under the ACRWC.

Overall Assessment: Central African ACERWC Practice

The ACERWC's engagement with children's rights and the environment in Central Africa remains underdeveloped. While the link between environmental harm and children's rights is implicitly acknowledged in practice, it is seldom articulated as distinct, rights-based obligation. The review also revealed reporting and accountability gaps, including the absence of publicly available Concluding Observations for several Central African States such as the Democratic Republic of Congo, Equatorial Guinea, or São Tomé and Príncipe. These absences and the subsumption of environmental issues within other broader children's rights issues reveals the limited development of regional jurisprudence on children's environmental rights.

2.2.2 Eastern Africa

This section examines concluding observations from six Eastern African countries from the late 1990s until 2026: Kenya, Tanzania, Uganda, Ethiopia, Rwanda, South Sudan and Somalia.

a) CRC Committee

Reviewing the CRC Committee's concluding observations of Eastern Africa reveals a limited focus on the environment. Before 2022, the

Concluding Observations did not contain any explicit references to environmental issues. From 2022, only the concluding observations on Somalia and South Sudan addressed children's rights and climate change.

In its review of South Sudan (2022), the CRC Committee 'expressed serious concern about livelihoods and food security being particularly vulnerable to climate change effects given heavy dependence on rain-fed agriculture and limited capacity to cope with extreme weather events like flooding and droughts.'[22] Similarly, there was concern for 'high rates of acute malnutrition and food insecurity exacerbated by environmental disasters, and limited access to potable water with 64% of the population practicing open defecation (2019).'[23] While the Committee connected environmental harm to Article 27 (adequate standard of living, sanitation and water) and linked conflict to environmental harm (food insecurity), there was limited recognition of the interconnection between environmental rights and social, economic rights deprivation.

b) African Committee of Experts on the Rights and Welfare of the Child

Reviewing the ACERWC, there is a striking lack of engagement with children's rights and the environment. Except for Rwanda and Uganda, the observations did not contain any explicit references to environmental issues as children's rights concerns. Even where environmental issues appeared, they were not framed as independent rights issues nor connected to climate change, ecological degradation, or children's development. Rwanda stood out as the only country in which environment was mentioned through the responsibilities of the child (Article 31), rather than substantive rights, such as the right to a healthy environment. Health-related environmental human rights were also largely absent, apart from isolated references to water and sanitation in Tanzania's Concluding Observations. The concluding observations for the East African sub-region thus demonstrated the

unevenness in how intersectionality between children's rights, environment, development, and health are addressed in Africa.

2.2.3 Northern Africa

This review draws on concluding observations from six North African countries from the late 1990s until 2026: Tunisia, Algeria, Sudan, Mauritania and Egypt.

a) CRC Committee

The review of the CRC COs from Northern African States showed historically weak integration of environmental issues and children's rights. There were no references to environmental human rights in early concluding observations - 1993 to 2000s. In the second phase - 2000s – 2010s, there was just one instance in which the CRC Committee addressed the link between environmental harm and human rights – Tunisia 2021.[24] Here, there was discussion on the impact of lack of clean water and sanitation on children's rights. In more recent years (2010s – 2020s) Article 6 (right to life, survival and development) and Article 24 (right to health) were referenced more widely in five concluding observations. The concluding observations for Egypt (2024) reflect the most direct engagement with environmental human rights with direct references to Article 2, Article 3(1), Article 6, Article 12(1), Article 13, Article 15, Article 17, Article 19 and Article 24. The key recommendation made by the CRC Committee was to 'establish clear regulatory frameworks for businesses, including military-owned and informal sector businesses, ensuring activities do not negatively affect children's rights or environmental standards.'[25] The CRC Committee also stressed the need for 'companies to undertake assessment, consultations, and public disclosure of environmental, health-related and children's rights impacts.'[26]

Overall Assessment: Northern Africa CRC Practice

The CRC review of North African countries revealed how a gradual trajectory towards recognition of environmental human rights. Though environmental considerations were largely absent in early years, the most recent observations (2024) demonstrated a significant shift, with dedicated environmental sections appearing for the first time on climate change, environmental health risks, and business accountability. The integration of Article 6 (life, survival and development) with environmental concerns remains minimal but shows signs of emerging. The data suggested a critical need for more systematic integration of environmental rights across all CRC reviews, particularly given the disproportionate impact of environmental degradation and climate change on children.

b) African Committee of Experts on the Rights and Welfare of the Child

The ACERWC review for Northern Africa demonstrated minimal engagement with children's rights and the environment. Most documents lacked dedicated sections on environmental concerns. Article 5 was not explicitly referenced in environmental contexts. Algeria (2022) stood out as an important example, with the ACERWC linking children's right to play, leisure, and cultural life with environmental safety. The ACERWC stressed States' obligations to ensure children have safe environments, free from waster, pollution, traffic and other physical hazards to uphold their right to play.

Overall Assessment: Northern African ACERWC Practice

Of the eight countries reviewed, only Algeria's 2022 observation contained any substantive reference to environmental factors affecting children's rights, and this was limited to one health-related recommendation. No documents referenced Article 5 in an environmental context, and there were no dedicated sections on children's rights and the environment.

2.2.4 Southern Africa

This section focuses on concluding observations from nine South African countries from the late 1990s until 2026: Angola, Eswatini, Zimbabwe, Lesotho, Botswana, Mozambique, Namibia, South Africa, Zambia.

a) CRC Committee

The CRC Committee's concluding observations concerning Southern African States demonstrated a clear evolution in how environmental degradation and climate change were addressed. Earlier concluding observations, particularly those issued between 2004 and 2016, generally addressed environmental harms, such as landmines, lack of clean water, poor sanitation, mining and extractive practices and hazardous living conditions as indirect concerns related to other rights obligations. However, more recently concluding observations, specifically Mozambique (2019), Eswatini (2021), Zambia (2022), and Namibia and South Africa (2024), have placed more emphasis on climate change, pollution, drought, flooding and environmental degradation as direct threats to children's rights, notably to **Article 24** (right to health), **Article 6** (right to life, survival and development), and **Article 27** (right to an adequate standard of living).

Article 24: The Right to Health

Article 24 is the provision most consistently engaged with by the Committee in respect of environmental degradation. Across the region, the Committee connects children's health with access to clean water, adequate sanitation, clean air, nutritious food and protection from toxic substances and industrial pollution.

In *Angola* (2018), the Committee focused on inadequate water, sanitation and hygiene, particularly in rural and disadvantaged communities. The Committee linked these environmental conditions to preventable illness and demonstrated that the right to health cannot

be fulfilled solely through access to hospitals or medical treatment. It must also include action on the environmental determinants of health.

In *Mozambique* (2019), the Committee also highlighted the consequences of cyclones, floods and displacement on children's right to health. Extreme weather events contaminated water supplies, damaged sanitation infrastructure, interrupted vaccination programmes, increasing exposure to waterborne and vector-borne diseases. The Committee's approach therefore linked Article 24 with climate adaptation, disaster preparedness and resilient health systems.

In *Namibia* (2012, 2024), drought, water scarcity, inadequate sanitation and climate-sensitive disease were identified as significant threats to children's health. These risks were compounded by food insecurity and unequal access to services in rural and marginalised communities.

Zambia (2022) provided the clearest example of the Committee addressing toxic environmental exposure as a children's rights concern. In its 2022 concluding observations, the Committee drew attention to lead poisoning and mining-related pollution. It called for the identification and treatment of affected children, the remediation of contaminated environments and stronger regulation of extractive industries. Article 24 therefore required both medical responses and preventive environmental action.

In South Africa (2024), the Committee has connected children's health with air pollution, unsafe housing, inadequate sanitation and unequal exposure to industrial and mining activities. Its analysis indicates that environmental health risks must be addressed through targeted measures for children living in informal settlements, mining communities and heavily polluted areas.

Article 6: The Right to Life, Survival and Development

Article 6 provided a broader basis for addressing both the immediate and long-term consequences of environmental harm. In earlier concluding observations on Angola and Mozambique, the Committee focused on direct threats to children's lives and physical safety arising from landmines and unexploded ordnance. These hazards also affected children's development by restricting access to schools, health facilities, agricultural land and community spaces.

In more recent observations, Article 6 is increasingly being interpreted through a climate and disaster-risk lens. In Mozambique, cyclones and flooding threatened children through death, injury, displacement and the destruction of homes, schools and essential infrastructure. The Committee emphasised preventive measures such as early-warning systems, disaster preparedness and child-sensitive emergency planning.

In Namibia and Eswatini, prolonged drought, water scarcity and declining agricultural productivity affected children's survival and development through malnutrition, food insecurity, reduced access to water and increased household poverty. These harms were often cumulative and impeded children's physical, cognitive and social development over time.

In Zambia, exposure to lead and other mining pollution not only raised health concerns but also developmental concerns. Exposure to toxic metals affects children's growth, learning and long-term development. In South Africa, the Committee's approach similarly recognised that environmental harms disproportionately affected children living in poverty and in under-served and polluted communities.

Article 6 therefore was increasingly interpreted as requiring States to prevent foreseeable environmental harms and adopt climate adaptation, pollution-control and disaster-risk measures capable of protecting children's rights to long-term development.

Article 27: The Right to an Adequate Standard of Living

The Committee's more recent concluding observations also increasingly connected environmental degradation and climate change with Article 27. The right to an adequate standard of living encompasses access to adequate housing, sanitation and thus may be undermined by environmental and climate-related pressures.

In Namibia and Eswatini, drought and changing rainfall patterns affected farming, livestock and household food supplies. Water scarcity also forced children to travel greater distances to collect water, disrupting education and increasing household responsibilities. The Committee's interpretation of article 27 thus integrated climate adaptation with food security, social protection and poverty-reduction measures.

In Mozambique, cyclones and floods destroyed homes, infrastructure and livelihoods, resulting in displacement and prolonged periods without adequate housing, water, sanitation or access to essential services. Article 27 therefore required child-sensitive disaster responses, with support for displaced families.

In Zambia, mining pollution affected homes, soil, water sources and play areas, thereby undermining the environmental conditions necessary for an adequate standard of living. Remediation and safe housing were therefore essential components of State's obligations.

In South Africa, children living in informal settlements and under-served communities were likely to experience overlapping environmental and socio-economic disadvantage. Inadequate housing, unreliable water and sanitation, poor waste management and proximity to polluted industrial areas increased vulnerability to floods, heat and environmental illness.

Overall Assessment: Southern Africa CRC Practice

The Southern African, concluding observations demonstrated a gradual shift from treating environmental harm as an isolated health or developmental concern to a cross-cutting children's rights issue. Article 24 addresses the environmental determinants of children's health; Article 6 captures threats to survival and long-term development; and Article 27 focuses on the material conditions required for children to live and develop with dignity.

Across Angola, Mozambique, Namibia, Eswatini, Zambia and South Africa, the Committee increasingly has required States to respond to environmental harm through the lens of rights-based obligations. States are expected to prevent pollution, regulate extractive industries, strengthen climate adaptation and disaster preparedness, remediate contaminated environments and ensure access to water, sanitation, food, housing and health services.
Together, Articles 24, 6 and 27 provide an integrated framework for understanding children's environmental rights. They demonstrate that children's health, development and standard of living are inseparable from the quality, safety and sustainability of the environments in which they live.

b) African Committee of Experts on the Rights and Welfare of the Child

Reviewing the ACERWC concluding observations from Southern African States, one finds a clear evolution. Earlier COs (2015–2017) largely approached environmental issues indirectly, framing them through classic socio-economic determinants of children's rights rather than as an autonomous environmental or climate concern. Environmental harm was primarily visible through references to water, sanitation and hygiene (WASH) deficits, nutrition and food security, and children's exposure to harsh weather conditions, particularly in rural and livelihood-related contexts. By 2019, some COs began to reference climate-related phenomena more directly, but still without a systematic

or rights-explicit framing. A more pronounced normative shift occurred in 2023–2024 COs, where climate change was increasingly treated as a direct risk multiplier threatening the enjoyment of multiple rights under the ACRWC. In these later COs, climate impacts were explicitly linked to children's health (Article 14), life, survival and development (Article 5), and access to basic services, including water, sanitation, nutrition, and food systems. Climate change was no longer merely an external condition but framed as a structural challenge requiring anticipatory, preventive, and adaptive State action.

Despite this evolution, the ACERWC has yet to adopt a distinct children's environmental rights framing, unlike the UN Committee on the Rights of the Child.

Article 5: The Right to Life, Survival and Development

Article 5 functioned as the central normative umbrella for addressing environmental and climate-related harms to children. Even where the environment was not named explicitly as a rights domain, ACERWC repeatedly treated climate and environmental degradation as existential threats to children's survival and development.

Article 14: The Right to Health

Article 14 emerged as the most concrete and operational entry point for addressing environmental and climate impacts. ACERWC was most explicit where environmental harm translated directly into health risks, particularly through unsafe or insufficient water and sanitation, environmental contamination and pollution; and climate-sensitive disease and nutrition outcomes. Environmental and climate harms were also addressed indirectly through their impacts on other Charter rights. Education (Article 11) was affected when floods, droughts, or emergencies disrupt schooling. Refugee and displaced children (Article 23) are another recurring group, with COs highlighting poor environmental living conditions in camps, including inadequate water, sanitation, hygiene, food, and health services.

Overall Assessment: Northern African ACERWC Practice

Across the reviewed COs, ACERWC consistently treated the following as environment- or climate-linked children's rights concerns: (1) climate-induced food insecurity and malnutrition; (2) deficits in water sanitation and hygiene, including lack of clean water and sanitation; (3) toxic pollution and environmental contamination affecting child health; (4) Disaster risk and emergency situations, including floods and droughts; (5) exposure to extreme weather through child labour or livelihood activities, particularly in agriculture and herding. Explicit engagement with the business sector's environmental impact on children remained limited but is gradually emerging.

Overall, ACERWC COs in Southern Africa demonstrate a gradual but discernible consolidation of children's environmental and climate-related rights. The trajectory has moved from indirect consideration of environmental determinants (2015–2017) toward explicit recognition of the link between environmental harm and rights-violations. In this regard, one finds more concrete adaptation-oriented recommendations being issued, particularly between 2023–2024. Articles 5 and 14 function as the principal normative anchors, with other rights engaged through impact-based reasoning.

2.2.5 Western Africa

This review examined concluding observations from sixteen Western African countries from the late 1990s until 2026: Benin, Burkina Faso, Cape Verde, Ivory Coast, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo.

a) CRC Committee

Before 2010, the CRC Committee's concluding observations rarely referred to the environment. With the notable exception of Nigeria, the term 'environment' was generally used to describe a child's immediate social surroundings, such as the family environment, school

environment or working environment, rather than the ecological or natural environment.

This does not mean that environmentally related threats to children were entirely absent from the Committee's analysis. On the contrary, many concluding observations raised concerns about inadequate access to safe drinking water, poor sanitation, unhygienic living conditions and the prevalence of malaria. While these issues were addressed under Article 24 or Article 27, they were generally not usually framed as environmental rights concerns in their own right.

The Committee's early approach was therefore largely sectoral. Lack of access to clean water was treated as a public-health problem; sanitation was discussed as part of poverty and inadequate living conditions; and malaria was approached primarily as a disease-control issue. The relationship between these problems and the broader concerns related to the environment was rarely made explicit.

Ghana, however, was an early outlier. In its 2006 concluding observations on Ghana, the Committee drew attention to the environmental conditions contributing to malaria transmission (Ghana, 2006, para. 50(b)–(c)). It returned to this issue in its subsequent concluding observations (Ghana, 2015, para. 50(g)). The references to Ghana are significant because they show the first instances of moving beyond treating malaria solely as a question of access to medicines or health services. They acknowledge that stagnant water, inadequate waste management, poor drainage and other environmental degradation contribute to the spread of disease. In this sense, the Committee began to recognise the environmental determinants of children's health early on, even though it did not yet articulate a broader concept of children's environmental rights.

Water, Sanitation and Malaria as Early Environmental Concerns

Although environment was rarely named directly before 2010, concerns about water, sanitation and malaria revealed an implicit environmental dimension in the Committee's interpretation of the Convention.

Access to safe drinking water was closely connected to Article 24, requiring States to take appropriate measures to combat disease and malnutrition, including through the provision of clean drinking water and addressing the dangers and risks of environmental pollution. It is also connected to Article 27 because clean water and sanitation formed part of the material conditions necessary for an adequate standard of living.

In many of the earlier concluding observations, the Committee also expressed concern that children, particularly those living in rural areas, informal settlements or impoverished communities, lacked reliable access to clean water and sanitation facilities. These deficiencies increased children's exposure to diarrhoea, parasitic infections, malaria and other preventable illnesses.

From 2010 to 2023: Environmental Harm as a Consequence of Business Activity

Between 2010 and 2023, prior to the adoption of General Comment No. 26, the Committee's concluding observations increasingly recognised that environmental damage could interfere directly with children's rights. During this period, the Committee made more explicit connections between pollution, environmental degradation and rights protected under the Convention, especially Article 6 on life, survival and development and Article 24 on health.

Nevertheless, environmental impacts were not generally addressed in a dedicated section on children's rights and the environment. Instead, they were most often considered under broader headings, such as 'Children's rights and the business sector'. Environmental damage was framed primarily as a consequence of corporate misconduct and inadequate oversight and regulation rather than as a distinct and cross-cutting children's rights issue.

This framing frequently brought environmental concerns together with other business-related issues, including child labour, access to

education, unsafe working conditions, displacement and the exploitation of natural resources. The Committee's analysis recognised that business activities could affect multiple rights at the same time.

Nigeria: Environmental Harm and the Limited Recognition of Affected Communities

Nigeria was a unique example because of the country's extensive oil industry and the significant environmental consequences of its oil extraction processes. The Committee acknowledged that oil-related activities had negatively affected the rights of communities, particularly through pollution, environmental degradation and the destruction of livelihoods.

However, the treatment of these issues remained isolated and limited. Despite the significant body of evidence concerning the effects of oil extraction on indigenous and local communities, particularly in oil-producing areas, the COs did not fully expressly link environmental harm with indigenous children's rights. Instead, the Committee referred more generally to the adverse impacts of extractive activities on communities in northern regions. This approach did not fully capture the distinct cultural, territorial and participatory dimensions of environmental harm experienced by indigenous and resource-dependent communities.

The Nigerian example therefore reveals both the progress and limitations of the Committee's pre-General Comment No. 26 approach. The Committee recognised that oil extraction could violate children's rights but did not consistently connect environmental degradation with indigenous children's rights, cultural survival, land rights or meaningful participation in decisions concerning natural resources.

Article 27: Environmental Sanitation and Sustainable Development

Although much of the Committee's environmental analysis between 2010 and 2023 appeared under the business and human-rights framework, environmental concerns were also addressed under Article 27 on the right to an adequate standard of living.

This was particularly evident in concluding observations that referred

to sustainable development, sanitation and the provision of basic services. In its 2018 concluding observations on Niger, the Committee referred to the importance of 'long-term sustainable development' (Niger, 2018, para. 37). This language indicates an emerging recognition that poverty-reduction and development policies must be environmentally sustainable if they are to support children's rights over time. Similarly, in its 2024 concluding observations on Mali, the Committee recommended prioritising 'environmental sanitation' (Mali, 2024, para. 36(b)). These references were important because they linked sanitation not only to hygiene and public-health services, but also to the environmental conditions of communities.

These references demonstrate that the Committee's interpretation of Article 27 was beginning to incorporate environmental dimensions as the adoption of General Comment No. 26 came to fruition. The right to an adequate standard of living was thus increasingly being understood as encompassing not only income and material assistance, but also a clean, healthy and sustainable environment.

Overall Assessment: Western African CRC Practice

Before 2010, references to the natural environment were limited. The term 'environment' was used to describe family, school or working settings, while environmentally related concerns such as unsafe water, sanitation and malaria were addressed primarily as health or development issues. Ghana was a notable exception because the Committee explicitly connected environmental conditions with the spread of malaria among children in its 2006 and 2015 concluding observations. Between 2010 and 2023, the Committee increasingly recognised that environmental degradation could violate children's rights under Articles 6 and 24. However, these issues were usually discussed under the heading of children's rights and the business sector rather than in a dedicated environmental section. Mining, oil extraction and other business activities were identified as major sources of pollution, environmental damage and threats to children's health and development. General Comment No. 16 provided an

important framework for requiring States to regulate business activities, conduct environmental and child-rights impact assessments and provide remedies for affected children and communities. Article 27 also began to incorporate environmental considerations through references to sustainable development and environmental sanitation. Following General Comment No. 26, the Committee's concluding observations increasingly included separate recommendations on children's rights, the environment and climate change. These sections placed particular emphasis on children's participation and Article 12, recognising children as active participants in climate governance and environmental decision-making. The overall trajectory is therefore from implicit and fragmented environmental references towards more explicit recognition of children's environmental rights.

b) African Committee of Experts on the Rights and Welfare of the Child

With the exception of Cape Verde[27], 15 West African States have submitted reports and received at least one set of concluding observations from the ACERWC. Taken together, these concluding observations reveal a significant gap in the recognition of environmental degradation and climate change as issues affecting children's rights under the ACRWC.

Environmental and climate-related concerns rarely appeared as distinct thematic issues and are seldom connected directly to the rights to survival and development under Article 5 or health under Article 14. This was notable given the exposure of many West African countries to drought, flooding, desertification, coastal erosion, extreme heat, food insecurity, water scarcity and climate-related displacement.

Where issues such as lack of clean water, poor sanitation, disease, malnutrition or displacement were discussed, they were generally addressed under conventional headings such as health, basic services, humanitarian protection or standards of living. The environmental and climatic causes of these conditions were rarely

made explicit. As in the concluding observations of the UN Committee on the Rights of the Child, the word "environment" is also commonly used to describe family, school, working or social settings rather than the natural environment.

Article 14: The Right to Health

Although health is frequently discussed in the concluding observations, it is rarely linked explicitly to environmental degradation or climate change. The Committee generally focused on access to health services, maternal and child health, infectious diseases, vaccination, malnutrition, health infrastructure and shortages of medical personnel. The environmental determinants of health also received comparatively little attention. Air pollution, water contamination, land degradation, climate-sensitive disease, extreme heat and the health consequences of drought and flooding are generally absent from the Committee's analysis.

Guinea (2021)

The 2021 concluding observations on Guinea were an exception. The Committee highlighted the need to combat environmental degradation in the context of climate change (Guinea, 2021, para. 18). This is the only concluding observation that directly and specifically connects children's health with environmental degradation and climate change. The reference was significant as it recognised that climate change was not solely an environmental or economic issue but also a children's rights concern. Climate-related environmental degradation can affect safe water, food production, disease transmission, displacement and living conditions.

Côte d'Ivoire : A Healthy Environment and Displacement

The Committee's 2017 concluding observations on Côte d'Ivoire also contained relevant references, with the Committee referring to the need for a healthy environment (Côte d'Ivoire, 2017, para. 30). This language suggested that children's health depended on the quality of their surroundings, including access to clean water, sanitation, safe housing, effective waste management and protection from pollution.

Climate change appears more directly in the Committee's 2023 concluding observations on Côte d'Ivoire, where it is addressed in relation to refugee, asylum-seeking and displaced children (Côte d'Ivoire, 2023, para. 37). This reflects the growing significance of displacement caused by flooding, drought, coastal erosion, land degradation and loss of livelihoods. However, this approach too shows the fragmented nature of the Committee's analysis. Climate change was considered only after displacement occurred rather than as a direct and preventable threat to children's survival, development and health. The Committee thus did not expressly link climate-related displacement to Articles 5 and 14, nor did it elaborate on States' obligations to reduce climate vulnerability before displacement actually occurred.

Overall Assessment: Western African ACERWC Practice

The ACERWC's concluding observations on West African States reveal fragmented and underdeveloped jurisprudence towards children's rights, environmental degradation and climate change. None of the Concluding Observations expressly connected Article 5 with environmental harms, while references under Article 14 were rare and underdeveloped.

2.3 Conclusions

The review of CRC and ACERWC Concluding Observations reveal a fragmented and inconsistent approach to children's rights and the environment. Though the link between children's rights and the environment is increasingly being recognised in Africa, it remains uneven, and often indirectly. Health, survival, water, sanitation, and living conditions are the main anchors in which environmental harms enter the jurisprudence. However, there has yet to be explicit recognition of environmental rights, with the link between children's rights deprivation and environmental harm often left implicit. This matters profoundly for AMR. AMR is not simply a public health issue.

It is a children's human rights issue shaped by structural inequality – poverty, malnutrition, lack of clean water, poor sanitation, weak health systems and pollution. The existing jurisprudence contains the building blocks needed to address AMR, but it has not yet brought them together in a coherent way. There is thus a need for the ACERWC to strengthen the normative framing of AMR within children's rights law and to situate it more clearly within the right to a healthy environment.

3. CLOSING THE GAP: A CHILD RIGHTS-BASED APPROACH TO ANTIMICROBIAL RESISTANCE UNDER THE ACRWC

Antimicrobial resistance is children's rights crisis in Africa. UNICEF estimates that children account for roughly one fifth of deaths directly attributable to bacterial AMR, with more than half of those deaths occurring during the first month of life.[28] Moreover, majority of child deaths related to AMR occur in low- and middle-income countries. The risk of AMR is directly linked with economic and social determinants of health and exacerbated by structural inequalities. In its AMR Landmark Report, the African Union indicated that 'only 13% of African countries had nationwide…water-sanitation programmes aligned with WHO guidelines' and one in five children did not receive essential vaccines.[29] In its outcome statement on the 2026 Day of the African Child on Universal Access to Water, Sanitation and Hygiene for Every Child in Africa, the ACERWC noted with concern that 'many children continue to suffer from diarrhoea, cholera, typhoid, dehydration, malnutrition and other illnesses because they do not have access to safe water, sanitation and hygiene.'[30] That children continue to lack access to clean water, sanitation and hygiene exacerbates their risk of infection and AMR. Moreover, it contributes to the over-reliance and misuse of antimicrobials which feeds the rapid rise of AMR. Poverty, malnutrition, inadequate housing, lack of clean water, poor sanitation systems, rapid urbanization, conflict, and fragile health systems all increase children's exposure to infection and perpetuate a cycle of over-reliance and misuse of antimicrobials. AMR is further accelerated by antimicrobial use in animals and agriculture, pharmaceutical production waste, hospital effluent, wastewater, industrial contamination and the consequent release of antimicrobial residues and resistant organisms into the environment. AMR can prolong illness, increase disability, interrupt education, deepen household poverty, weaken food security and undermine medical procedures that

depend on effective antimicrobials. Children under five, and especially newborns, bear a particularly high burden.

Although the ACERWC and the CRC Committee do not explicitly acknowledge AMR, their concluding observations provide a normative basis for a child rights-based approach to AMR in Africa. Across both systems, environmental and socio-economic conditions such as lack of clean water, inadequate sanitation, weak health infrastructure, malnutrition, pollution, food insecurity, displacement and poor living conditions have increasingly been linked to children's rights to health, life, survival and development. Under the ACRWC, Articles 14 and 5 have served as the principal entry points, while under the CRC, Articles 24, 6 and 27 have progressively been used to connect environmental harm with health, development and an adequate standard of living. The ACERWC recognises the central importance of water, sanitation and hygiene to children's survival, development and well-being and the disproportionate impact of inadequate WASH services for children's health, nutrition, education, protection and overall development.[31] The ACERWC further emphasises that "ensuring access to hygiene services and practices forms an integral element of States' duties to realise the human rights to water, sanitation and health, particularly for children and other vulnerable groups."[32]

More recent CRC concluding observations have moved towards greater emphasis on accountability for non-State actors responsible for pollution, extractive activities, and climate-related risks, thereby developing clearer expectations concerning prevention, regulation, impact assessment and remedy. These developments are directly relevant to AMR because the same structural conditions causing climate change and environmental degradation also heighten children's exposure to infection, intensify antimicrobial dependence and accelerate the emergence and spread of AMR. Taken together, the two Committees' jurisprudence provides a basis for recognising AMR as a cross-cutting children's rights issue. The next step is to bring these elements together more systematically by linking AMR to States'

obligations to uphold the rights to health, survival and development; ensure equitable access to effective medicines and diagnostics; prevent environmental degradation; regulate non-State actors; and prioritise children in the most disadvantaged and high-risk settings.

3.1 Article 1 of ACRWC: State Obligations to Recognise and Implement Children's Rights

Most AMR national action plans are organised around surveillance, stewardship, infection prevention, research and One Health coordination. These remain essential, but often they do not identify children as a distinct rights-holders nor do they assess how AMR policies impact children differently from adults. A child rights-based approach requires States to involve ministries and institutions responsible for children – education, water, sanitation, social protection and environmental regulation – in AMR governance, alongside health, agriculture and veterinary authorities.

Article 1 also requires States to regulate private actors. Pharmaceutical manufacturers, private health facilities, pharmacies, agricultural producers, livestock industries and waste-management companies can all influence antimicrobial use and environmental dissemination. States remain responsible where weak regulation, inspection or enforcement permits private conduct to harm children's health and development.

3.2 Article 3 of ACRWC: Non-Discrimination and Unequal Exposure to AMR

AMR is deeply shaped by inequality. Children living in poverty, rural and remote areas, informal settlements, refugee camps, internal displacement contexts, conflict-affected communities and children living and/or working on streets are among those more likely to experience malnutrition, overcrowding, unsafe water, inadequate

sanitation and weak health care systems. These conditions increase their risk of exposure to infection while reducing their prospects of obtaining timely diagnosis and effective treatment.

The burden is particularly acute in sub-Saharan Africa as children in the region are substantially more likely to die from drug-resistant infections than children in high-income countries.[33] This disparity reflects not only exposure to resistant pathogens, but also unequal access to medicines, health professionals and functioning health systems. A rights-based response must therefore prioritize systemic health inequities. States should collect and publish data disaggregated by age, including neonatal age, sex, disability, geographic location, socio-economic position and displacement status. This information should be used to identify children who face the greatest AMR risks and where access to treatment is weakest. AMR measures must also be assessed for indirect discriminatory effects. Policies that restrict antimicrobial access without ensuring affordable diagnostics or health services under children's right to health exacerbate the already insurmountable barriers to care.

3.3 Article 4 of ACRWC: The Best Interests of the Child in AMR Decision-Making

Article 4 requires the best interests of the child to be a primary consideration in all actions concerning children. This principle should apply to AMR national action plans where antimicrobial prescribing policies, essential medicines lists, procurement systems, environmental regulation, agricultural standards, and research funding are decided. The best-interests principle will be especially important to navigate the tension between access and excess in AMR governance. Children should be afforded immediate access to an effective antimicrobial even if that antimicrobial is on a reserve list. Restrictive stewardship policies may protect antimicrobial efficacy but endanger children where access to diagnosis and treatment is already limited. Conversely, unregulated or inappropriate use may provide short-term access while worsening resistance for children in the future.

3.4 Article 5 of ACRWC: The Right to Life, Survival and Development

Article 5 protects every child's inherent right to life and requires states to ensure survival, protection and development to the maximum extent possible. AMR directly threatens this right by making common infections more difficult or impossible to treat. It also makes childbirth, neonatal care, surgery, cancer treatment and other medical interventions more dangerous because these depend on effective infection prevention and antimicrobial treatment.

The right protected by Article 5 is broader than the prevention of death. Resistant infections can cause prolonged illness, adverse effects from more toxic second-line medicines, disability, interrupted schooling, loss of family income and increased poverty. These consequences may impair children's physical, cognitive, emotional and social development. UNICEF accordingly treats AMR as a threat not only to child survival, but also to growth and development.

Article 5 requires states to reduce the incidence of infection before antimicrobial treatment becomes necessary. Measures should include universal vaccination, maternal and neonatal care, adequate nutrition, safe water and sanitation, hygiene, infection prevention and control, safe childbirth practices and clean health-care environments. Unsafe water, malnutrition and poor sanitation increase infection; infection increases antimicrobial use; and repeated or inappropriate antimicrobial exposure accelerates resistance. A child rights-based approach should address this cycle as a threat to survival and development, rather than treating its components as separate policy problems.

3.5 Articles 4(2) and 7 of ACRWC: Participation and the Right to Be Heard

Articles 4(2) and 7 recognise children's right to express their views in matters affecting them. Yet children are largely absent from AMR governance, despite bearing a substantial burden of resistant

infections and being major users of antimicrobials. States should create safe, accessible and age-appropriate mechanisms for children to participate in the design, implementation and evaluation of AMR strategies. Participation may take place through schools, child parliaments, youth health councils, patient groups, community organisations and participatory research.

3.6 Article 14 of ACRWC: The Right to the Best Attainable State of Health

Article 14 provides the most direct basis for a child rights-based response to AMR. It recognises every child's right to enjoy the best attainable state of physical, mental and spiritual health and requires states to reduce child mortality, combat disease and malnutrition, provide adequate nutrition and safe drinking water, and develop preventive health care. In the AMR context, Article 14 gives rise to four interrelated obligations: access to treatment, quality of care, prevention of infection and protection from environmental drivers.

3.6.1 Access to Effective Antimicrobials and Diagnostics

States must ensure that children can obtain quality-assured and affordable antimicrobials when medically necessary. This requires reliable procurement and supply chains, child-appropriate formulations, accurate dosing guidance and medicines suitable for newborns, infants and adolescents. Access to diagnostics is equally important. In the absence of laboratory or point-of-care testing, clinicians may prescribe broad-spectrum antimicrobials because they cannot identify the cause of an illness. This can increase inappropriate use while delaying effective treatment. States should therefore strengthen microbiology laboratories, point-of-care testing, referral systems and diagnostic capacity at primary and community levels.

3.6.2 Quality of Care and Antimicrobial Stewardship

Stewardship must be understood as part of the right to quality health care. Health workers require training in childhood infection diagnosis,

paediatric prescribing, appropriate dosage and treatment duration. National treatment guidelines and essential medicines lists should reflect the specific needs of children. UNICEF recommends aligning national guidelines with the WHO Access, Watch and Reserve framework, ensuring access to first-line "Access" antibiotics while preventing unnecessary use of "Watch" and "Reserve" medicines. It also calls for capacity-building in diagnostics, prescribing and community-level stewardship. However, responsibility should not be placed solely on individual prescribers or caregivers. Inappropriate use often reflects structural constraints: limited diagnostics, unavailable medicines, unaffordable prescriptions, weak regulation, short consultations and poor access to trained health workers. A rights-based approach must address these system failures.

3.6.3 Prevention Through WASH, Vaccination and Strong Health Systems

Article 14 requires states to reduce the need for antimicrobials by preventing infectious disease. This includes access to vaccination, nutrition, primary health care, safe water, sanitation and hygiene. WASH is particularly important in maternity wards, neonatal units, schools, communities and displacement settings. Infection prevention and control standards should be mandatory in all health facilities. Facilities should have clean water, sanitation, sterilisation, hand-hygiene systems, waste management and adequate staffing. Resistant infections acquired in hospitals should be treated not merely as unavoidable clinical events, but as potential failures to provide safe and quality care.

3.6.4 Environmental Determinants of Health

The right to health must also encompass environmental conditions that contribute to AMR. Antimicrobial residues, resistant organisms, pharmaceutical waste, hospital effluent, agricultural run-off, animal waste, heavy metals and biocides can enter water, soil and food systems, creating environments that favour the selection and spread

of resistance. States should establish enforceable standards for pharmaceutical manufacturing, health-care waste, wastewater treatment, livestock production and agricultural antimicrobial use. Environmental surveillance should be linked with human, animal and food-system surveillance through a child-sensitive One Health approach.

3.7 Article 11 of ACRWC: Education, Information and AMR Literacy

Article 11 protects children's right to education. It also provides a basis for ensuring that children receive age-appropriate information about infection prevention, hygiene, vaccination and the safe use of medicines. AMR education should be incorporated into school health programmes and curricula. Children should understand that antimicrobials do not treat all infections, that medicines should not be shared or used without appropriate advice, and that incomplete or inappropriate treatment may contribute to resistance. However, education must not transfer responsibility for AMR from institutions to children. Children cannot remedy the absence of clean water, unaffordable medicines, inadequate diagnostics or weak pharmaceutical regulation. Educational initiatives should empower children while making clear that governments, health systems and businesses carry the primary responsibility.

3.8 Article 20 of ACRWC: Support for Parents and Caregivers

Article 20 recognises the responsibilities of parents and caregivers while requiring states to assist them in fulfilling those responsibilities. This is important because antimicrobial use in children is often mediated by adults, but caregivers' decisions are shaped by wider economic and health-system conditions. A rights-based response should therefore provide parents with accessible health services, affordable diagnostics and medicines, clear treatment information and social protection where prolonged illness creates financial hardship. Public communication should avoid blaming caregivers for behaviours arising from poverty, weak services or medicine shortages.

3.9 Articles 22 and 23 of ACRWC: Children in Conflict, Displacement and Humanitarian Settings

Children affected by armed conflict, displacement and humanitarian emergencies face heightened exposure to AMR. Overcrowding, malnutrition, disrupted vaccination, damaged water and sanitation systems, shortages of trained personnel and fragmented medicine supplies increase infection risks and make appropriate treatment more difficult. AMR should be integrated into humanitarian preparedness and response. Refugee camps, displacement sites and conflict-affected health facilities require WASH, infection control, vaccination, surveillance, diagnostics and reliable access to quality-assured medicines.

3.10 Article 1 of ACRWC and Business Responsibility: Regulation, Due Diligence and Remedy

States should require businesses to undertake child-sensitive human-rights and environmental due diligence. This should include assessing effects on children arising from antimicrobial production, sale, marketing, waste, effluent and agricultural use. States must also ensure access to remedy. Children harmed by substandard medicines, unsafe health care, pharmaceutical contamination or other preventable AMR-related failures should have access to treatment, rehabilitation, compensation, environmental remediation and guarantees of non-repetition. Complaint mechanisms should be accessible, child-friendly and capable of addressing systemic and collective harms.

3.11 Monitoring, Accountability and the Role of the ACERWC

A child rights-based response depends on reliable evidence and effective oversight. States should collect data on resistant infections in children, antimicrobial use, access to diagnostics and treatment, hospital-acquired infections, environmental contamination and inequalities between population groups. Collecting and utilising up-to-date AMR data is critical for effective decision-making. National human-rights institutions, children's commissioners, health

regulators and environmental authorities should be authorised to investigate AMR-related failures affecting children. National AMR reporting should include child-specific indicators.

CONCLUSION

The ACERWC and the CRC Committee are urged to expressly recognise AMR as a children's rights issue. Its current jurisprudence provides important building blocks through the rights to health, life, survival and development, adequate standard of living, but these provisions have not yet been brought together into a coherent AMR framework. They could strengthen accountability in AMR governance by including AMR in state-reporting guidelines and lists of issues; requesting disaggregated data on childhood AMR; examining access to paediatric medicines; assessing WASH and infection prevention within health facilities and schools; scrutinising environmental oversight and waste regulation; and ensuring children participate in AMR policymaking on prevention, access, stewardship and environmental protection.

4. RECOMMENDATIONS

1. Recognise AMR explicitly as a children's rights issue

We urge the ACERWC and the CRC Committee to expressly recognise antimicrobial resistance as a present and foreseeable threat to children's rights under the ACRWC and CRC respectively, particularly the rights to life, survival and development, health, non-discrimination and the best interests of the child. AMR should be treated not only as a clinical or pharmaceutical concern, but as a cross-cutting children's rights issue shaped by poverty, malnutrition, unsafe water, inadequate sanitation, weak health systems, pollution and environmental degradation.

2. Raise awareness on the impact of AMR on children's health and wellbeing

We recommend that, through their promotion mandate, the ACERWC and CRC Committee raise awareness among stakeholders on the impact of AMR on children's health and wellbeing. This may include running campaigns, including online campaigns, and conducting research, including issuing policy recommendations. They should also organise a day of general discussion on AMR and children's rights to deepen the understanding of the gravity of the issues and to mobilise stakeholders for collective action.

3. Develop a normative framework on children's environmental human rights

We urge the ACERWC and CRC Committee to develop a normative framework that provides guidance on children's rights and the environment, including climate change, pollution, biodiversity loss and environmental health threats such as AMR. They can draw from their jurisprudence concerning health, survival and development, water, sanitation, pollution, food insecurity, environmental safety and business activity. These existing strands can be consolidated into a clearer framework explaining how failures to realise children's

economic, social and environmental rights contribute to infection, antimicrobial dependence and the spread of resistance. Furthermore, such a normative framework needs to clarify how environmental degradation engages the full range of rights protected by the ACRWC and the CRC. It should articulate States' duties to prevent foreseeable environmental harm, regulate public and private actors, conduct child-rights and environmental impact assessments, collect disaggregated data, ensure access to information and justice, and provide effective remedies. It should also explain how environmental determinants such as unsafe water, poor sanitation, toxic contamination, pharmaceutical waste and weak waste-management systems contribute to infectious disease and AMR. Such a framework would enable the ACERWC and CRC Committee to move beyond a fragmented approach and establish a coherent framework for children's environmental human rights.

4. Strengthen the right to a healthy environment under the ACRWC

We urge the ACERWC and CRC Committee to clarify that the rights protected by the ACRWC and CRC include the child's right to live, grow, learn and play in a clean, healthy and sustainable environment. This protection should extend to environmental conditions that contribute to AMR, including polluted water, inadequate sanitation, unsafe disposal of pharmaceutical and health-care waste, agricultural run-off, industrial contamination and exposure to antimicrobial residues and resistant organisms. Children's right to a clean, healthy and sustainable environment has been briefly discussed in CRC Committee's General Comment No 26. The ACERW may consider building on the existing jurisprudence and developing a General Comment on children's right to a clean, healthy and sustainable environment in Africa. The ACERWC and CRC Committee are encouraged to incorporate AMR and environmental health indicators into reporting guidelines, lists of issues and concluding observations.

5. Collaborate with the Africa Centres for Disease Control and Prevention and the World Health Organization

We recommend that the ACERWC and CRC Committee work closely with the Africa Centres for Disease Control and Prevention (Africa CDC) and World Health Organization to ensure that continental AMR frameworks and initiatives recognise AMR as a child health and children's rights priority. Such collaboration can facilitate joint advocacy for laws and policies that enable long-term prevention and control of AMR and the integration of child-specific AMR indicators into continent wide antimicrobial use and AMR surveillance data.

6. Integrate children's rights into AMR governance

States should ensure that children's rights institutions, ministries responsible for children, national human rights institutions and children's commissioners are included in national AMR governance and coordination mechanisms. National AMR action plans should contain child-specific objectives, indicators, budgets and accountability mechanisms.

7. Address the environmental and social determinants of AMR

States should strengthen action on safe water, sanitation and hygiene, vaccination, nutrition, infection prevention and control, waste management, pharmaceutical pollution and environmental surveillance. AMR policies should address the structural conditions that increase children's exposure to infection and create greater reliance on antimicrobials, rather than focusing only on prescribing behaviour.

8. Strengthen business regulation and accountability

States should regulate pharmaceutical manufacturers, private health providers, agricultural businesses, food producers and industrial actors whose activities contribute to antimicrobial misuse or environmental contamination. Child-sensitive human-rights and environmental due diligence, impact assessments, public disclosure, monitoring and access to remedy should be mandatory.

9. Improve access to child-sensitive prevention, diagnosis and treatment

States should ensure equitable access to vaccination, primary health care, quality-assured antimicrobials, paediatric formulations, appropriate dosing guidance and reliable diagnostics. Stewardship measures should not restrict access for children who need treatment, particularly those living in rural, low-income, displaced or conflict-affected settings.

10. Improve child-focused data, monitoring and reporting

States should collect and publish disaggregated data on drug-resistant infections among children, paediatric antimicrobial use, environmental exposure, access to diagnostics and treatment, and inequalities between different groups of children. Such data should inform AMR-related decision-making processes.

11. Ensure children's participation, access to information and remedy

Children should be provided with age-appropriate information on AMR and should be meaningfully involved in the design, implementation and evaluation of AMR policies. States should also ensure access to child-friendly complaint mechanisms, legal assistance, treatment, rehabilitation, environmental remediation and other effective remedies where AMR-related failures or environmental harms affect children's rights.

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